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requires that the death certificate be PHYSICIAN: The law HOSPITAL OR ATTENDING

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 4. SOCIAL SECURITY NUMBER IF UNDER 24 HRS. IF UNDER 1 YEAR 848 -0 1 M 2 F YAS 9a. FACILITY NAME (If not institution, give str TOWN OR LOCATION OF DEATH 28 IDENCE CC DIRECTOR EDENT 10d. INSIDE CITY 10c. CITY, TOWN OR LOCATION 10e STATE 10b. COUNTY 110 1 YES 2 NO FUNERAL 10f. ZIP CODE WHAT COUNTRY 10g, CITIZEN OF 100. STREET AND NUMBER 3 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No.-12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 TO NO IF YES, GIVE WAR OR DATES 14. RACE - American In 11. MARITAL STATUS If yes, specify Cuber, Maxicen, Puerto Ri

1 YES 2 PNO Specify: Never Married 2 Married BY 3 Widowed 4 Divorced COMPLETED 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION (Specify only highest grade complete College (1-4 or 5+) 18 MOTHER'S NAME 86 BE notified INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Str. 2 be 20b. PLACE OF DISPOSITION (Name of c 20c. LOCATION - City or Town, State 20a, METHOD OF DISPOSITION
1 Burial 2 Foremation 3 Removal from State must 4 Donation 5 D Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner aur medicai r complications that covered the deeth. Do not enter the mode of dying, such as cerdiac or reepiratory arrest, m. List only one cause on each line. En e the Approximate Interval Between Onset and Death IMMEDIATE CAUSE (Finel ノナラ ac the Tea disease or condition resulting in death) event, DUE TO (OR AS A CONSEQUE burial, traumatic CERTIFICATION Sequentielly list conditions, 2 if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events Hygle resulting in deeth) LAST Mental F injury, Health and Merri 24a. WAS AN AUTOPSY PERFORMED? PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? any 1 - YES 2 1 M shows a 1 TYES 2 NO this certificate has been with the State Dept. of PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) tem HOSPITAL: 1 TYES 2 NO OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 8 Other (Specify) 0 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28d, DESCRIBE HOW INJURY OCCURED 28b. TIME OF 28c. INJURY AT WORK? marked, 1 Netural
2 Accident 5 Pending Investigation м 1 YES 2 NO BY 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 5 8 Could not be COMPLETED 4 Homicide hours afte. 200 Item 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date and place, and due to the cause(a) and manner as stated (Check only one) FUNERAL WITHIN 72 1 IMPORTANT: 14 2 MEDIOAL EXAMINER: On the bible of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIE 29d, DATE SIGNED (Month BE THE Mach 22 2 PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, 30 NAME AND ADDRESS 32 RUEISTRAR'S SIGNATURE RANGER 31. DATE FILEDYMONth, Day, Year) 1990 8 OCT

Bre 15 100 1970 144 26.66. LAW THERE THE PRODUCE HAR FAMILY ECCHED SAME AS ABOVE FIRST EMPLY CHAPT OF PRINCELES

	STATE REGISTRAR OECEDENT'S NAME (First, Middle, Last)			-NTIPIC	AIE OF	DEAT		REG. NO			E OF DEATH			
	ORETIA	BF	ELL	KTN	GREA			OCT.		990 4	:54 a M			
н	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday) F	UNDER 1 YEAR	IF UNDER		DATE OF BIRTH (Month, Day, Year)			(State or Foreign			
	236-52-1677	1 ☐ M 2 ∏ F	75	YRS.	NTHS DAYS	HOURS	MIN.	Oct. 4.	1915		Virginia			
	9a. FACILITY NAME (If not institution, give :	street and number)		90	b. CITY, TOWN	OR LOCATIO	ON OF DEATH	1	9c. COUNT	Y OF DEATH				
6	22 West Pasac	lena			Pa	saden	а		Anne	Arund	le1			
DIRECTOR	10b. COUNT	Υ		10c. CITY, T	OWN OR LOC	ATION				10d. II	NSIDE CITY			
듬	Virginia	Raleigh		Cra	b Orch	ard					YES 2 💢 NO			
IAL	10a. STREET AND NUMBER				1	of, ZIP CODI	E		10g. CITIZE	N OF WHAT C	OUNTRY?			
FUNERAL	800 Eastwood I		NT EVER IN U.S. AF			2582				U.S.				
	11. MARITAL STATUS 1 Never Married 2 Married	ORIGIN? (Specify Ye Puarto Rican, etc.)	s or No-	Black, White Specify:										
B	3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES		10 46	S 2 ሺ NO	эрвопу :				ite			
	15. OECEDENT'S EDI (Specify only highest grad	JCATION e completed)	18a, Di	CEDENT'S US live kind of work to NOT use n	UAL OCCUPAT	FION most of worldr	19	16b. KIND OF BU	SINESS/INDU	STRY				
	Elementary/Secondary (0-12)	College (1-4 or 5	i+)					Oran	Home					
COMPLETED	8th	none		Homem	akei	16 MOT	HED'S NAME		-					
	17. FATHER'S NAME (First, Middle, Lest) Hufford Toler Maggie Shannon													
BE	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ACCRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)													
5	Mrs. Shirley K. Horky 22 West Pasadena Rd. Pasadena, Md. 21122 20c. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometary, cremetory or lown, Starta													
	20a. METHOD OF DISPOSITION 1 2 Burial 2 Cremation 3 Ref	noval from State	20b. PLACE other p	OF OISPOSIT	ION (Name of c	cemetery, crer	matory or	20c. L	DCATION — C	ity or Town, St	ata			
	4 Donation 5 Other (Specify)		B1	ue Ric					osperi	ty Wes	t Virgin			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME													
	R. Kevryk Hyphins 1 Second Ave. S.W. Glen Burnie, Md. 21													
	23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or heert feiture. List only one cause on each line.													
	IMMEDIATE CAUSE (Final													
	disease or condition resulting in death) B. DUE TO (OR AS A CONSEQUENCE DR):													
7	- after Que (atombed Olsean)													
5	Sequentially list conditions, If any, leading to immediate													
S	cause. Enter UNDERLYING CAUSE (Disease or injury	C												
ERTIFICATION	that initiated events resulting in death) LAST	DUE 1	O (OR AS A CONSE	OUENCE OF):						İ				
CER		d												
_	PART II. Other aignificent condition	ons contributing	to deeth but not	resulting in	the underly	ing ceuse	given in Pa		N AUTOPSY ORMED?	AMAIL	ABLE PRIOR TO			
MEDICA	12 Bear							1 YES	2 🔲 NO		PLETION OF CAUSE EATH?			
								-		1 🗆	YES 2 NO			
SICIAN:	25. WAS CASE REFERRED TO MEDICAL				26	PLACE OF	DEATH (Checi	k only one)						
SICI	EXAMINER?	HOSPITAL:	ER/Outpatient		OTHER:			Other (Specify)						
PHY	27, MANNER OF DEATH	28a. DATE	OF INJURY Day, Year)	28b. TIME INJU	OF 28c.	INJURY AT WORK?		28d. DESCRIBE HOW	INJURY OCC	URED				
BY F	1 Nettifal 6 Pending 2 Accident Investigation	□ NO												
ED E	3 Suicide 8 Could not b	28e. PLACE buildin	OF INJURY — At I	ome, farm, str	reet, factory, o	ffice	1	28f. LOCATION (Stree City or Town, Stat		or Rural Route I	Number,			
			1						10000					
E	29a. CERTIFIER (Check only Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.													
E	(Check only			r investigation,	, in my opinioi	n, death occi	nted at the ti	me, catta and place,	and due to the	cause(s) and	manner as stated.			
E	one) 2 MEDICAL EXAMI		•											
	(Check only		hr			29c. LIC	CENSE NUMB	BER	29d. DATE	SIGNED (Mon	th, Day, Year)			
E COMPLET	one) 2 MEDICAL EXAMI	IER V	hr	EM 27) (Type, /	Print)	5	CENSE NUMB	DER C	29d. DATE	SIGNED (Mon	th, Day, Year)			
BE COMPLET	2 MEDICAL EXAMI	IER V	hr	EM 27) (Type, /	(201	5	CENSE NUMB	C C C	29d. DATE	SIGNED (Mont	th, Day, Year) E D School			

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FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND / DI CER	PARTI	MENT OF I	IEALTH AND	MENTAL HYGIEN REG. NO		0-2	8503
1. DECEDENT'S NAME (First, Middle, Last) LEON LAPIDES						2. DATE OF DEATH BONTH D	AY 199	YEAR	TIME OF DEATH
4. SOCIAL SECURITY NUMBER 212-14-3397	5. SEX	6. AGE (In yrs. lest bir		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) DEC 21	190	6, BIRTHPL Country)	ACE (State or Foreign
90. FACILITY NAME (If not institution, give st 7219 PARK HTS AV		02	9		LTIMORE			INTY OF DEA	
108. STATE 10b. COUNTY MARYLAND		1	,	TOWN OR LOCA BALTIMO					od. INSIDE CITY LIMITS?
100. STREET AND NUMBER 7219 PARK HTS	AVE, APT	. 402		10	ZIP CODE	5	10g. CIT	IZEN OF WHA	AT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 KM farried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER IN U.S. ABUSE YES 24-WO WAR OR DATES	₹	If yes, sp		NIC ORIGIN? (Specify Year, Puerto Rican, etc.) fy:	e or No	14. RACE -	- American Indian, White, etc.
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5	(Give I	and of wor NOT use	SUAL OCCUPATION And Author Microstred.)	est of working	16b. KIND OF BU		ORTI.ES	,
17. FATHER'S NAME (First, Middle, Last) KOLMAN LAPIDES					16. MOTHER'S NA	AME (First, Middle, Maider	Surname)		
190. INFORMANT'S NAME (Type/Print) MRS. SHIRLEY LA	APIDES				S AVE.AP		TO	MD 212	
20a. METHOD OF DISPOSITION 1 Varial 2 Cremation 3 Remote Disposition 5 Other (Specify)		20b. PLACE OF other place)		ETH EL	metery, crematory or MEMORTAL	PARK RA		City or Town	
21. SIGNATURE OF FUNERAL SERVICE LIC	1/	moon)	SOL		N & BROS., TOWN RD B		MD 3	01 01 5
23. PART I. Enter the diseases, or cahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one car		He	t enter the me		ch es cardiec or reep			Approximete Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	(OR AS A CONSEQUE							

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

24a. WAS AN AUTOPSY PERFORMED? 1 [] YES 2 [MO

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH

26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: me 5 - Residence 6 - Other (Specify) 4 🗆 Nu

26e. DATE OF INJURY (Month, Day, Year) 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be determined

28c. INJURY AT WORK? 28b. TIME OF INJURY 26d, DESCRIBE HOW INJURY OCCURED M 1 YES 2 NO 261. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the be

2 MEDICAL EXAMINER: 29d. DATE SIGNED (Month, Day, Year) 29b. SIGNATURE AND THE OF 29c. LICENSE NUMBER

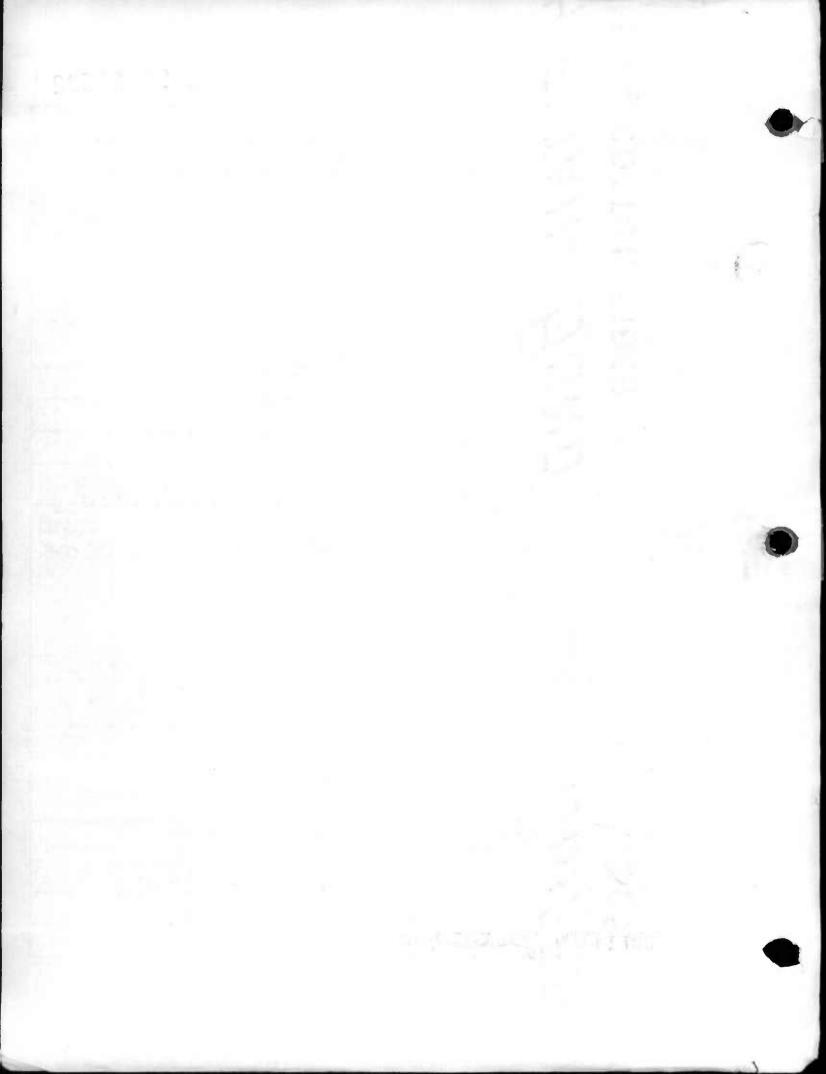
HO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

6522 040 COURT

LAWKONES 4000 12. JEGISTRABIS SIGNATURE
FILIE LEWISCON-RONDOR 1990

DHMH-18 Rev 1/89

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		1. DECEDENT'S NAME (First, Middle, Last) DOROTHY A. LEACH 2. DATE OF DEATH MONTH OCTOBER 3. TIME OF DEATH OCTOBER 7. 30 A
3 should)R	4. SOCIAL SECURITY NUMBER 3. SEX 6. AGE (In yrs. last birthday) FUNDER 1 YEAR FUNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) Whin, Day, Year) 98. FACILITY NAME (If not Institution, give street and number) SENTER C. 99. CITY, TOWN OR LOCATION OF DEATH 90. COUNTY OF DEATH
Fages 1, 2,	DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 100. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 10d. INSIDE CITY LIMITS? 10d. INSIDE CITY LIMITS? 10d. INSIDE CITY LIMITS?
	AL	100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 6825 Campfield Rd. Apt. 1-D 21207 U.S.
(3)	BY FUNES	11. MARITAL STATUS 1 Never Married 2 Merried 1 Vess, GIVE WAR OR DATES 1 Vess, GIVE WAR OR DATES 1 Vess 2 No Specify: 1 Vess 2
pital of interest	PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 yr's 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Ret. Librarian W.R. Grace
TLAND by the host the detach	E COMPL	17. FATHER'S NAME (First, Middle, Last) Harry Daniel LaBonte Dora Margaret Hiob
MARY be retained be 5 should a notified	TO B	190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) Mr. Theodore L. Leach 8 Twilling Gate Ct. Baltimore, Md. 21228
E Pag		20b. METHOD OF DISPOSITION 1 \(\text{N Burlel 2 \(\text{Densetion 3 \(\text{Densetion Notice} \)} \) Parkwood 10/20/90 20b. PLACE OF DISPOSITION (Name of cometary, crematory or other place) Parkwood 10/20/90 Baltimore, Md.
SALTII r death. P t funeral		21. SIGNATURE OF FUNERAL SERVICE LICENSEE Paul L. Hartsock, Jr. 22. NAME AND ADDRESS OF FACILITY Baltimore, Md. 21214 Leonard J. Ruck, Inc. 5305 Harford Rd.
within and was at within and within by cremation, or remover.		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heer fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or as a consequence of):
O. BOX 131. certificate be execute ding physician and or lygiene prior to buriar r other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF):
ECORDS, equires that the den signed by the of Health and Me hows any injur	MEDICAL	PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS OF CAUSE OF DEATH? 1 YES 2 NO
as been 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Interior 2 ER/Outpetlant 3 DOA 4 Number Home 5 Residence 8 Other (Specific)
OF PHYSIC this ce with th	BY PHYS	1 VES 2 NO 1 Measilent 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 1 Natural 5 Pending Investigation Investigation Residence 8 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED
ISIO TTENDI TTENDI TTOR: A after d	ETED B	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 28e. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
	COMPLI	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, dasth occurred at the time, data and place, and due to the cause(a) and menner as stated.
TO THE HOSPITAL TO THE FUNEAAL Be filed within 72	TO BE	296. SIGNATURE AND TITLE DF CERTIFIER 290. LICENSE NUMBER 290. LICENSE NUMBER 290. DATE SIGNED (Month, Day, Year) 291. 703 7 291. TO 3 7
		TOTKELITA O: KIN, MY = VENINGAVE HEBREN GENLATRIC CENTER & HOSPITAL YINS
		OCT 1 8 1990 fina Sandson-Randelle

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

FOR STATE REGISTRAR 28504

AND	the hou	(0	once.
BALLIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 3- nours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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MO	Page 6	al directo	ner mu
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	nours aft	ed in by	medica
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13146	pecuted	and com	natic ev
ROX	cate be	e prior to	or traun
0.	uth certifi	tending part of Hygien	or oth
DS,	if the dea	by the at	/ Injury
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	quires tha	n signed f Health	IOWS an
IL RE	he law re	has bee	m 23 sh
M	ICIAN: T	certificate the State	, or iter
NON	ING PHYS	offer this leath with	marked
VISIC	ATTEND	RECTOR: A	m 28 is
5	PITAL OR	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the it be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	T: If ite
	HE HOS	THE FUNK	ORTAN
	5	2 3	M

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF DEATH	;		3. TIME OF DEATH
	THOMAS	3	JAMES	LA	WREN	CE,	SR.			OCTOBER :	6 19	990	11:33 A.m
	4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In yrs. In:	at birthday)	IF UNDER			7. DATE OF BIRTH (Month, Day, Year)		8. BIRTI	HPLACE (State or Foreign	
	218-26-03	71	1 M 2 - F	57	YRS.	MONTHS	DAYS	HOURS	MIN.	Oct. 28	1932		ryland
	9a. FACILITY NAME (If not in	stitution, give a	treet and number)			9b. CITY	r, TOWN	OR LOCATI	ON OF DE	ATH	9c. CO	UNTY OF C	DEATH
8	7653 3rd Av	ve.				G1	en E	urni	e		Anne	Aru	ndel
5	RESIDENCE OF DEC	10b. COUNTY	,		100 017	Y, TOWN	001000	DON					10d. INSIDE CITY
DIRECTOR				.1									LIMITS?
	Maryland 100, STREET AND NUMBER	Ann	e Arunde	: T	G.	en I		Le LZIP COD	E		100 CT	TIZEN OF	HAT COUNTRY?
RA	7653 3rd	A ***					"	2106	7		US		WHAT COUNTRY
FUNERAL	11. MARITAL STATUS	Ave.	12. WAS DECEDED	IT EVER IN U.S. AI	RMED	13.	WAS DE			HC ORIGIN? (Specify			E — American Indian,
	1 Never Married 2 📉		12. WAS DECEDED FORCES?	X YES 2 A	NO		If you, or		ın, Mexica	n, Puerto Rican, etc.)		Spec	k, White, etc.
BY	3 Widowed 4 Divo	erced	KOR					- QL					WHITE
8	15. DEC (Specify onl)	EDENT'S EDU	CATION completed)	1 10	ECEDENT'S	work done	during m	ON ost of worki	ng	16b. KIND DF	BUSINESS/IN	DUSTRY	
COMPLET	Elementary/Secondary (I	0-12)	College (1-4 or 5		ı. Do NOT u	se retired.)							
₹	10th		None		Mar	nager	<u> </u>	and the same of			motiv		bbīà
	17. FATHER'S NAME (First, M	liddle, Last)	T							ME (First, Middle, Maid	ien Sumame)		
BE	Barney 19a. INFORMANT'S NAME (1	E-m o Mindress	Lav	rence		100000		<u> </u>	Alve			Hai	nes
2				n n		ne as	0.00	ind Numbe	r or Hural	Route Number, City or	lown, State, 2	up Code)	
	Helen M.		ice	20b. PLACE			_	metery con	metony or	200	LOCATION -	- City or T	own State
	1 Donation 8 Other	on 3 🗆 Rem	oval from State	= Glen	vlace)								, Maryland
	21. SIGNATURE OF FUNERA		CENSEE	- Joseph	Have			ND ADDRE	-		.cir be	LILLE	, maryrana
	· 11	History	4-			S	INGI	ETON	FUN	ERAL HOMI	Ξ		
	23. PART I. Enter the d	y po sou	nomplications th	et assessed the el	seth Do								MD. 21061 Approximate
		eart feliure.	List only one ca	use on each lin	0.								Interval Between Onset and Death
MEDICAL CERTIFICATION	Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events	ing ury	c	O (OR AS A CONSE		0						Ymonth	
E	resulting in death) LAS	1 L	d										
0	PART II. Other significa	ent condition	ns contributing to	deeth but not	resulting	in the u	nderfyir	g ceuse	given in	Part I. 24s. WAS	AN AUTOPS	r 24	b. WERE AUTOPSY FINDINGS
CA											FORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
E										''' ''	2 2 110		OF DEATH?
										— I		- 1	
A	25. WAS CASE REFERRED T	O MEDICAL					26. F	LACE OF	DEATH (C	neck only one)			
Sic	EXAMINER?		HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHE		ne 5 E R	leeldence	8 Other (Specify)			
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 8 1	Pending investigation	28a. DATE D (Month,	F INJURY Day, Year)	28b. Till	ME OF JURY M	W	JURY AT ORK? YES 2	□ NO	28d. DESCRIBE HO	W INJURY C	CCURED	
ETED B	3 Suicide 6 S	Could not be determined	28e. PLACE building	OF INJURY — At h i, etc. (Specify)	ome, farm,	street, fac	ctory, offi	CO .		281. LOCATION (Str City or Town, St		er or Rural	Route Number,
COMPLE	contain only									to the cause(a) and time, date and place			(a) and manner as stated.
BE	296. SIGNATURE AND TITLE	e of certifie							308		29d. D.	TO 16	D (Month, Day, Year)
5	30. NAME AND ADDRESS O	F PERSON WI	O COMPLETED CA	JSE OF DEATH (IT	EM 27) (Typ	e, Print)							
	Dr. Barry H	Year)	32. REGISTE	AR'S SIGNATURE		., S	uite	503	,	len Burn	ie, Mo	1. 2	21060
	OCT 18 199		his Davidson	- Pander	•		6						

BALTIMORE, MARYLAND 21203-3146

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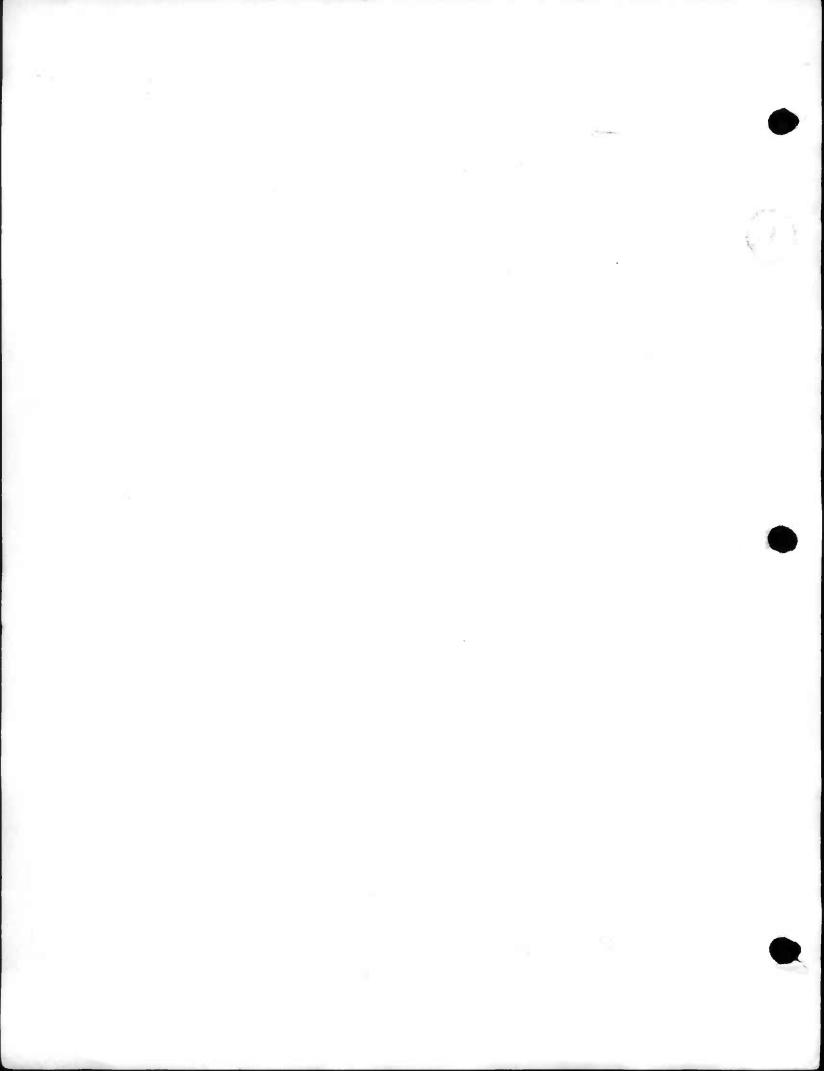
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

28506 90

	1 - STATE REGISTRAR		C	ERTIF	ICATE	OF	DEAT	ГН		REG. NO.		20	200	
	1. DECEOENT'S NAME (First, Middle, Last)								2. OATE	OF DEATH		YEAR	3. TIME OF DEATH	
	AND	SARA	Lazar	rus					1	Ö-14-9	Ö	I CAN	5:15PM	М
	4. SOCIAL SECURITY NUMBER 212–16–5477	8. SEX	8. AGE (In yrs. la	et birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIH.	(Mont	of BIRTH h, Day, Year) 29/1920	1	6. BIRTH Countr	PLACE (State or Foreign) MARYLAN	
	9e. FACILITY NAME (If not institution, give a				9b. CITY	TOWN (OR LOCATI	ON OF DE		29/1920		NTY OF D		
10 10 10 10 10 10 10 10 10 10 10 10 10 1	2109 Eagle Stree					Bal	timo:	re C	ity					
DIRECTOR	10a. STATE 10b. COUNT	1		10c. CIT	Y, TOWN C	R LOCAT	ION				10d. INSIDE CITY LIMITS?			
	MARYLAND				E		IMORI						XX YES 2 NO)
FUNERAL	10s. STREET AND NUMBER					101	. ZIP COD				10g. CIT		WHAT COUNTRY?	
ᄬ	2109 EAGLE ST.	12. WAS DECEDEN	IT EVED IN HE A	DMED	12.5	WAS DEC		1223		N? (Specify Yee	or No	USA	E — American Indien,	
BY FU	1 Never Merried 2 Merried 3 Widowed 4 Prolivorced	FORCES? 1	VES 2.T	YES 2√NO R OR DATES If yea, specify Cuban, M 1 □ YES 2√NO S					n, Puerto		or No=	Speci	k, White, etc.	
	15. DECEDENT'S EDU (Specify only highest grade	CATION COMPRISED	16a. D	ECEDENT'S	USUAL O	CCUPATIO	ON set of worki	na.	168	. KIND OF BUS	SINESS/IN	DUSTRY		
COMPLETED	Elementery/Secondary (0-12)	College (1-4 or 5	- He	(Give kind of work done during most of working life. Do NOT use retired.) HOUSEWIFE							AT I	HOME		
8	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First,	Middle, Maiden	Surname)			
BE C	HERMAN BI	LOOM					111	Y	ETTA	HYA	TT			
	19a. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	G ADDRESS	S (Street o	and Numbe	r or Rural	Route Num	ber, City or Town	n, State, Zi	p Code)		
임	MRS. IRENE BEI	RMAN		630	5 LI	COL	N AV	E., 1	BALT	IMORE,	MD	2120	09	
	20a. METHOD OF DISPOSITION 1 X Burial 2 ☐ Cremetion 3 ☐ Rem 4 ☐ Donetion 5 ☐ Other (Specify)	oval from Stata	20b. PLACE other p	olace)	SITION (No IKRO				ISR			City or To	own, State RE, MD	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE					ND ADDRE				VTNIC	3. IAC	BROS., I	NC
	· Jus Zi	us			60	010	REIS'	TERS'		RD.,				
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	ensive of or as a consi	EOUENCE (OF):	lero	otic	card	liova	scular	dis	ease	Onset and E	Peath
띪	resulting in death) LAST	d												
DICAL C	PART II. Other aignificant condition	na contributing to	daath but not	rasulting	in the ur	nderlyin	g cause	givan in	Part I.	24a. WAS AN PERFOR	RMED?	248	a. WERE AUTOPSY FIND AVAILABLE PRIOR TO COMPLETION OF CAL	
MED										INSPEC		1	DF DEATH?	
AN	25. WAS CASE REFERRED TO MEDICAL				-									
2	EXAMINER?	HOSPITAL:		• □ •••	OTHE	R:	LACE OF I							
PHYSICIAN: ME	27. MANNER OF DEATH	1 Inpatient 2 28a. DATE O (Month,		28b. TII		28c. IN.	JURY AT	-		er (Specify) SCRIBE HOW I	NJURY O	CCUREO		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE building	OF INJURY — At I	M 1 VES 2 NO FINJURY — At home, farm, street, factory, office atc. (Specify) 281. LOCATION (Street and Number or Rural Roc City or Town, State)						Floute Number,				
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS	ICIAN: To the best of											e) end manner ea stat	ed.
TO BE CO	29b. SIGNATURE AND TITLE OF CERTIFIE	Breth	ell				29c. LIC	ENSE NU CME					(Month Bay, Year)	
-	30. NAMÉ AND ADDRESS OF PERSON WI MARGARITA A. KOI		USE OF DEATH (IT	EM 27) (Typ	e, <i>Print)</i> 111 F	enn	Stre	eet,l	Balt	imore,	MD 2.	1201		V
	31. DATE FILED (Months Day, Year)	32. gEgisTR	ASS SIGNATURE	100										



Julia Devidson- Gandellis



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should by	filed :	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified a

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

5		FOR 1 - STATE REGISTRAR	STATE OF I	MARY
	9	1. DECEDENT'S NAME (First, Middle, LEst)		
			FRANK	
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE
		212-30-8870	1 🔀 M 2 🗆 F	l 6
3 should		9a. FACILITY NAME (If not institution, give :	street end number)	
39 10	<u>ا</u>	Stream, by Metro-	Old Court	Ro
1, 2,		RESIDENCE OF DECEDENT		
es es	DIRECTOR	10a. STATE 10b. COUNT	Y	
		MARYLAND BA	LTIMORE	
1 6		10s. STREET AND NUMBER		
(100	FUNERAL	3926 N. ROLLING	RD., AP	т. е
	1 Z	11. MARITAL STATUS	12. WAS DECEDEN	
46 physio burial-		1 Never Married 2 X Merried	FORCES? 1	YES
314 fing p	B	3 Widowed 4 Divorced	IF YES, GIVE Y	MAR OR
O3- attend	COMPLETED	15. OECEOENT'S EDU (Specilly only highest grad		
212 al or for u	[4]	Elementary/Secondary (0-12)	College (1-4 or 5	+)
D spirts	I E	12		
N he he detac	ő	17. FATHER'S NAME (First, Middle, Last)		
2 6 6 E	BE	DAVID LIEBER	RMAN	
R ined house		19a. INFORMANT'S NAME (Type/Print)		
MA e retz e 5 si	2	MRS. SYLVIA LIE	EBERMAN	
E, page page		20e. METHOD OF DISPOSITION		2
OBO B 6 rr Bector,		1 TyBurial 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)	noval from State	_
LTIMORE, MARYLAND 21203-3146 rath. Page 6 may be retained by the hospital or attending physicureral director, page 5 should be detached for use as the burial aminer must be notified at once.		21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE /	
- t t t t	1	■ CDD0 01	0 40	2 71

90 28507 LAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

nedia i nan				CENTIL	CALE	OF	DEATH	_	REG. NO.			
1. DECEDENT'S NAME (Flist	, Middle, L£st)	FRANK		Liek	permai	n			10-11-9	ŏ	YEAR	3. TIME OF OEATH 12:30PM M
SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In yrs	. last birthday)	IF UNDER 1		IF UNDER 24 HRS.		ATE OF BIRTH		6. BIRTH	PLACE (State or Foreign
212-30-88	70	1 🙀 M 2 🗌 F	69	YRS.	MONTHS	DAYS	HOURS MIN.	"	Month, Day, Year) 5/22/21		GE	RMANY
Da. FACILITY NAME (If not in		treet end number)	0,5	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEAT								
Stream, by M		Control of Control of	- Bood				.,					
RESIDENCE OF DEC		ora court	Road							Dait	THO	ce County
10a. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN OR	LOCATI	ION					10d. INSIDE CITY
											- 1	LIMITS?
MARYLAND		LTIMORE			BA		MORE					1 YES 2 XNO
DE. STREET AND NUMBER						101.	ZIP CODE			10g. CITIZ	EN OF W	THAT COUNTRY?
3926 N. R	OLLING	RD., AP	r. 6				2.	120	8	J	JSA	
1. MARITAL STATUS		12. WAS DECEDEN FORCES? 1					ENDENT OF HISPA		RIGIN? (Specify Yee	or No-	14. RACE	- American Indian, White, atc.
Never Married 2 X		IF YES, GIVE V					NO Spec		arto rican, etc.)		Speci	,,
☐ Widowed 4 ☐ Dive	orced						25					7712
	EOENT'S EDU		16e	DECEDENT'S					16b. KIND OF BUS	INESS/IND	USTRY	
Elementary/Secondary (1	College (1-4 or 5	+)	(Give kind of v	se retired.)	nng mos	st or working					_
1	2			м	ANAGE	R			AU	TOMOE	BILE	5
7. FATHER'S NAME (First, I	Aiddle, Last)				THITIOL		16 MOTHER'S N	AME /F	irst, Middle, Malden	Sumamal	_	
, ,	LIEBER	MAN					10. 10. 11.		NNAH		IKNO	WN
	THE SEC							_				
MRS. SYLV		BERMAN		3926-	D N.	ROL	LING RD	• #	Number, City or Town APT • 6	BALTC		MD 21208
200. METHOD OF DISPOSIT			20b. PL	ACE OF DISPOS	SITION (Nam	e of cen	netery, crematory or		20c. LO	CATION C	City or To	wn, State
Surlai 2 Cremetic		oval from State		er place) BALTIM	OPE H	EBR	HTAI		RE	ISTER	CTP	WN, MD
1. SIGNATURE OF FUNERA		CENSEE		DAULTI			ADDRESS OF F	ACILIT		TOTU	DIO	ALA / LID
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Tille	nou	e de	OVN	uon	6	010	REISTE	RST	OWN RD.	BALTO). , M	D 21215
disease or condition resulting in death) Sequentially list conditions, leading to immacause. Enter UNDERLY CAUSE (Disease or injust initiated events	indiats	b	O (OR AS A CO	JUT1ES NSEQUENCE O	F): F):	drov	wning					
resulting in death) LAS	ST											
		d										
PART ii. Other signific	ant condition	ns contributing to	death but r	not resulting	In the und	erlying	g ceuse given i	n Part	1. 24a. WAS AN PERFOR		24b	WERE AUTOPSY FINDINGS
									XXXXES 2			COMPLETION OF CAUSE DF DEATH?
									AAA	Lange Control		¥X YES 2 □ NO
												7-1123 2 [] 110
									1			
25, WAS CASE REFERRED ' EXAMINER?	10 MEDICAL	HOSPITAL:			OTHER		LACE OF DEATH (C	Sheck o	nly one)			
XXXES 2 □ NO		1 🗆 Inpatient 2	☐ ER/Outpation	nt 3 🗆 DOA			ne 5 🗆 Reeldence	• ΦΩ	Other (Specify)	Stre	am	
27. MANNER OF DEATH		28a. DATE O	F INJURY Day, Year)	28b. TIM	IE OF		IURY AT ORK?	260	. DEŞCRIBE HOW I	NJURY OCC	URED	
	Pending Investigation	1	10-11				YES 2 NO	S	bject di	COMPA	а	
2 Accident		26e. PLACE	OF INJURY —	At home, farm,				_	LOCATION (Street :	and Number		Route Number,
4 Homicide	Could not be determined	building	, etc. (Specify)						City or Town, State)		_	
A. OFFICE							-stream	_	By Metro			
	TIFYING PHYS	SICIAN: To the best o	f my knowledg	e, death occum	red at the tin	ne, date	end place, end de	ue to th	e cause(s) end mer	ner ee etat	ed.Y	Maryland
one) 2 XME	DICAL EXAMIN	ER: On the basis of	examination en	d/or investigation	on, In my op	Inlon, d	leath occured at th	ne time	, date end place, en	d due to th	e ceuse(e) end menner es atated.
296 SIGNATURE AND TITL	E OF CERTIFIE	R / A AA	1		1		29c. LICENSE N	UMBER		29d. DAT	E SIGNET	(Month, Day, Year)
/ Kronx	-	York	1	10/								
30. NAME AND ADDRESS O	DE DESCON 110	HO COMPILETED ST	IDE DE OF	(ITEM CT) (7	Defeati			ME		<u> </u>	TO-1	.2-90
MARIO F. C			SE OF DEATH	(11 cm 27) (Type		Penr	n Street	,Ba	altimore	,MD 2	1201	
31. DATE FILED (Month, Day	(Year)		AR'S SIGNATU									
OCT 1	8 199	Julia	Durdon	-Mandes	L							
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No.	Dent Dent	23
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a four death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for the compact of the funeral director, page 5 should be detached for the compact of the comp	IMPORTANT: If I lem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPART	MENT OF	HEALTH AND	MENTAL HYGIE		90 28508			
	1. DECEDENT'S NAME (First, Middle, Last,	London	NICE F.			2. DATE OF DEATH MONTH OCT 11,	1990 T	an a time of DEATH			
	4. SOCIAL SECURITY NUMBER 2 1 4 - 28 - 4658	10 M 2 M F 6:	rs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	#F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year)	25	BIRTHPLACE (State or Foreign Country) MARYLAND			
TOR	9a. FACILITY NAME (If not institution, give	street and number)		Ba	timor	-L	ne. COUNTY	OF DEATH			
DIRECTOR	MARYLAND 106. COUN	ΓY	10c. CITY,	BALT	IMORE			10d. INSIDE CITY LIMITS? 15 YES 2 NO			
FUNERAL	2700 TANEY RD.			1	DI. ZIP CODE 212	09	10g. CITIZEN	OF WHAT COUNTRY?			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	ever Married 2 Married FORCES? 1 YES 24 NO			CENDENT OF HISPAI pecify Cuben, Mexica 8 2 NO Specif	as or No- 14.	RACE — American Indian, Black, White, etc. Specify: WHITE				
COMPLETED	15. DECEDENT'S EG (Specify only highest grad Elementary/Secondary (0-12)	Coffege (1-4 or 5+)	ISUAL OCCUPATION done during in retired.)	ION lost of working		UCATION					
BE COM	17. FATHER'S NAME (First, Middle, Lest) HARRY FY	18. MOTHER'S NA	ME (First, Middle, Meide BECKIE	n Sumame) NUDELM	IAN						
TO B	19e. INFORMANT'S NAME (Type/Print) CANTOR HARRY LONDON 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2700 TANEY RD. BALTIMORE, MD 21209										
	20e, METHOD OF DISPOSITION 1	moval from State	LACE OF DISPOSI	TFILOH	emetery, crematory or		OCATION — CHY BALTIMO				
11	21. SIGNATURE OF FUNERAL SERVICES	enser .		SOL		ETOWN RD.		MD 21215			
NOI	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reapiratory arrest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	If any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
PHYSICIAN: MEDICAL C	PART II. Other significant condition	one contributing to death but	not resulting is	n the underly	ng cause given in		AN AUTOPSY DRMED? 2 DNO	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. OTHER:	PLACE OF DEATH (C	neck only one)					
YSI	1 TES 2 NO	1 Inpatient 2 ER/Outpati		5 Other (Specify)							
ву Рн	27. MANNER OF ÓEÁTH 1 Natural 8 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	JRY 1	YURY AT YORK? YES 2 NO	28d. DEŞCRIBE HOV	V INJURY OCCUI	RED			
	3 Suicide 8 Could not b 4 Homicide determined	e building, etc. (Specify)	At home, ferm, s	treet, factory, of	fice	28f. LOCATION (Stree City or Town, Sta		Rural Route Number,			
COMPLETED	design of the second of the se	/SICIAN: To the best of my knowled NER: On the basis of examination a									
BE C	29b SIGNATURE AND TITLE OF CERTIF	len / t a x	To		29c. LICENSE NU	MBER	29d. DATE SIGNED (Month, Day, Year)				
5	30. NAME AND ADDRESS OF PERSON V	WHO COMPLETED CAUSE OF DEATH	H (ITEM 27) (Typs,	1 1	1 37 U	2		111110			
	31. DATE FILED (Month, Day, Year) OGT 18 1996	Julia Devidor	Mandala,	1911	<u> </u>						

YEAR

3. TIME OF DEATH

2. OATE OF OEATH MONTH DAY

FOR STATE REGISTRAR

1. OECEDENT'S NAME (First, Middle, Last)

AMERICO D.	. MARQ	UES						10	1	.7 90		1:15 A M
		5. SEX	6. AGE (I			$\overline{}$	IF UNDER 24 HRS.	(Mont)	, Day, Year)	6	BIRTHPLA Country)	CE (State or Foreign
				69 YRS.	moraling.	-	min.	10/	12/21			il
9a. FACILITY NAME (If not	institution, give	street and number)			9b. CITY,	TOWN O	R LOCATION OF DI	EATH		9c. COUNT	Y OF DEAT	н
		ER			FORT	HO!	WARD			BAL	CIMOR	E
	1	TY		10c. CI	Y. TOWN OF	LOCATI	ION				100	1. INSIDE CITY
												LIMITS?
	R			ואס	LITIN	-	ZIP CODE			10g, CITIZE		
		EET										
11. MARITAL STATUS	0210	_	NT EVER IN	U.S. ARMED	13. W			NIC ORIGIN	17 (Specify Ye	-		Amarican Indian,
		FORCES? 1	YES	2 NO	1		444					hita, etc.
3 Wildowed 4 Div	rorced						BR	AZII	AN			E
				16a. DECEDENT'S	Work done de	CUPATIO	N st of working	16b	KIND OF BU	ISINESS/INOU	STRY	
Elamentary/Secondary			+)									
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		ONIO MAI	RQUE							10)		KA
		C 174140										
		o, VAMC						D, F				
1 Burial 2 - Cremat	ion 3 🗆 Re	moval from Stata	20b	other piece)				A TO M				
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21. SIGNATURE OF FUNER	AL SERVICE	1 1		_					INS A	ND SC	NS C	.0.
Wille	ank	· Valca	711	_								
					not enter	the mo-	de of dying, aud	ch ee cer	diec or ree	olratory erre	et,	Approximete Intervei Between
IMMEDIATE CAUSE (F		N 400-115 A.H.										Onset and Death
disease or condition resulting in deeth)	\rightarrow	9.				AL C	ORGAN FA	ILURI	3			• **
						crc						
Sequentially list cond			SES						1			
If eny, leeding to imm	ediste					D						
CAUSE (Disease or in		c										
	ST	552 10	(01) 110 /									
WILLIAM COLLA		_ d										-
PART ii. Other algolfic	cent condition	one contributing to	o death b	out not resulting	in the un	derlying	g ceuse given in	Part I.				ERE AUTOPSY FINDINGS AILABLE PRIOR TO
									1		CC	MPLETION OF CAUSE DEATH?
											1	YES 2 NO
	TO MEDICAL	HOSPITAL				_	ACE OF DEATH (C	heck only o	ne)			
1 YES 2 NO			☐ ER/Outp	patiant 3 🗆 DOA			e 5 🗆 Residence	8 🗆 Oth	er (Specify)			
27. MANNER OF DEATH	7.00							28d. OE	SCRIBE HOW	INJURY OCCI	REO	
2 Accident					М							
		bullding bullding	OF INJURY g, atc. (Spec	f — At home, farm, cify)	street, facto	ory, offic	•				r Rural Roul	le Number,
4 Homicide	determined											
29a. CERTIFIER 1 CE	RTIFYING PHY	YSICIAN: To the best of	of my know	ladga, death occu	rred at the ti	me, date	and place, and du	a to the ca	use(a) and m	anner aa state	d.	
one) 2 ME	EOICAL EXAMI	NER: On the basis of	axaminatio	n and/or investigat	lon, in my o	pinion, d	leath occured at th	a time, dat	and place,	and due to the	cause(a) a	nd manner as stated.
29b. SIGNATURE AND TIT	LE OF CERTIF	TER		10 S			29c. LICENSE NU	JMBER		29d. DATE	SIGNED (M	onth, Day, Year)
11	/ N	ML		MD			D15232			▶ 10	/17/	90
30. NAME AND ADDRESS	OF PERSON V	WHO COMPLETED CAL	USE OF DE	ATH (ITEM 27) (Typ	e, Print)						, ,	-
RAUL LOPEZ	, MD			9600 NO	RTH P	OIN	r ROAD.	FORT	HOWAR	D MARY	TAND	21052
OCT 18 19	ry, Year)	32. REGISTR		ATURE			2 110125					
	4. SOCIAL SECURITY NUM 215 12 116 9a. FACILITY NAME (# not VA MEDICAI RESIDENCE OF DE 10a. STATE MARYLAND 10a. STREET AND NUMBER 526 E. 387 11. MARITAL STATUS 1 Never Married 2 E 3 Widowed 4 Div (Specify of Elementary/Secondary 1 2 17. FATHER'S NAME (First, DOMINGO: 19a. INFORMANT'S NAME CLINICAL F 20a. METHOD OF DISPOS 1 Burisl 2 Cremoth 4 Domingo: 21. SIGNATURE OF FUNER 22. PART I. Enter the ehock, or IMMEDIATE CAUSE (f) disease or in that initiated events resulting in deeth) 24. MANNER OF DEATH 1 Netural 25. WAS CASE REFERRED EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 28. WAS CASE REFERRED EXAMINER? 1 DEATH 1 Netural 29. MICHOIC deeth 1 Other alignification 29. MANNER OF DEATH 1 Netural 2 Netural 3 Netural 2 Netural 2 Netural 3 Netural 2 Netural 3 Netural 4 Netural 3 Netural	4. SOCIAL SECURITY NUMBER 215 12 1182 9a. FACILITY NAME (If not institution, give VA MEDICAL CENT) RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT MARYLAND 10a. STREET AND NUMBER 526 E. 38TH STRI 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S ED (Specily) only highest grace Elamentary/Secondary (0-12) 1 17. FATHER'S NAME (First, Middie, Last) DOMINGOS ANT 19a. INFORMANT'S NAME (Type/Print) CLINICAL RECORDS 20a. METHOD OF DISPOSITION 13 Burdal 2 Cremetion 3 Real 4 Donation 5 Other (Specily) 21. SIGNATURE OF FUNERAL SERVICE IS 23. PART I. Enter the diseases, of shock, or heart fellure immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in deeth) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural S Pending Investigation and Cause (Pincil) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural S Pending Investigation and Cause (Pincil) 26. CERTIFIER I CERTIFYING PHY (Pincil) 27. MANNER OF DEATH 1 Netural S Pending Investigation and Cause (Pincil) 28. CERTIFIER I CERTIFYING PHY (Pincil) 29b. SIGNATURE AND TITLE OF CERTIFYING PHY (Pincil) 29c. CERTIFYING PHY (Pincil) 29b. SIGNATURE AND TITLE OF CERTIFYING PHY (Pincil) 29c. CERTIFYING PHY (Pincil) 2	21.5 12 1182 9a. FACILITY NAME (if not institution, give street and number) VA MEDICAL CENTER RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MARYLAND 10a. STATE 10b. COUNTY MARYLAND 10a. STATE 11. MARITAL STATUS 12. WAS DECEDENT 13. Mever Merried 2 Merried 3 Wildowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamentary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) DOMINGOS ANTONIO MAI 19a. INFORMANT'S NAME (TyperPrint) CLINICAL RECORDS, VAMC 10a. METHOD OF DISPOSITION 11 Buriel 2 Correstion 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE WILLIAM R. Quality 22. SEQUENTIALLY INFORMANT (Specify) 23. PART I. Enter the diseases, or complications the chock, or heert fellure. Liet only one cellulates are condition resulting in deeth) CAUSE (Finel disease or injury that initiated events resulting in deeth) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 18. Natural 5 Pending Investigation 28a. DATE C. (Month, 10 Input 1 2 2 2 2 Accident 3 2 Suicides 6 Could not be detarmined 29a. CERTIFIER (Chock only one) 2 MEDICAL EXAMINER: On the basis of the could only one) 2 MEDICAL EXAMINER: On the basis of the could only one) 2 MEDICAL EXAMINER: On the basis of the could only one) 2 MEDICAL EXAMINER: On the basis of the could only one) 2 MEDICAL EXAMINER: On the basis of the could only one) 2 MEDICAL EXAMINER: On the basis of the could only one) 2 MEDICAL EXAMINER: On the basis of the could only one) 2 MEDICAL EXAMINER: On the basis of the could only one) 2 MEDICAL EXAMINER: On the basis of the could only one of the could	4. SOCIAL SECURITY NUMBER 215 12 1182 9a. 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MARTAL STRIVE 12. WAS DECEDENT/S EDUCATION (Specify only highest grade completed) Elamentary/Secondary (0-12) 12. College (1-4 or 5+) 12. College (1-4 or 5+) 12. TATHER'S HAME (Fine, Middin, Last) DOMINGOS ANTONIO MARQUES 13b. METHOD OF DISPOSITION (Specification S) Removal from State 14D. Donalion S Other (Specify) 21S. IGNATURE OF FUNERAL SERVICE LICENSEE MALING ADDRESS (Street a PSOC) PLACE OF DISPOSITION (Name of complete incomplete	4. SOCAL SECURITY NAMER? 21.5 12 1182 S. EX. S. EX. S. AGE (to yx. last behinder) VA MEDICAL CENTER FRESTDENCE OF DECEDENT 10s. STATE 10s. STATE 10s. STATE 10s. STATE 10s. STATE 10s. STATE 11s. MARITAL STATUS 11s. MARITAL STATUS 11s. MARITAL STATUS 11s. DECEDENT SECURATION (Coponity only highest prints conditions) 11s. DECEDENT SECURATION (Coponity only highest prints conditions) 11s. DECEDENT'S EDUCATION (Coponity only highest prints conditions) 11s. MARITAL STATUS 11s. DECEDENT'S EDUCATION (Coponity only highest prints conditions) 11s. 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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

Pages 1, 2, 3 should

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32. AGISTRANIO SIGNATUREL FUNDA DANGER

10 THE HUSPITAL ON ALLEMBING PRINCIPARY: THE LAW REQUIRES that the order because whom 22-mous area order. Tags of may be treatined by the attending physician and completely filled in by the times of the statement of the attending physician and physician and physician area to be statement or compared director, page 5 should be detached for use as the build-transit or compared to the statement of the purchase of the purchase and the property of the property or the property or the purchase of	be high within 72 hours aren deam with the baby, of regula and invented house, were about a removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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28510 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last 2. DATE OF DEATH 3. TIME OF DEATH MIKELONI DAY YEAR EUNARD 5.10 A 90 10 14 7. DATE OF BIRTH 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. isst birtnday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. PEODS/LYADIA 1 M 2 F 188-14-0717 YRS. JAN. 90. FACILITY NAME (If not institution, 9b. CITY, TOWN OR LOCATION OF OEATH 9c. COUNTY OF CEATH BALTIMORE ST. JOSEPH 78W HOSPI DIRECTOR RESIDENCE OF DECEDENT 10e STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY KVILL PARYL 1 YES 2 NO Ano FUNERAL 10e. STREET AND NUMBER 101. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? GRS U.S.A. AN 21234 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 1 YES 2 □ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No 14. RACE — American Indien, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican. etc.) 1 Never Merried 2 Merried 1 - YES 2 1 NO Specify: Specify: BY 3 Widowed 4 Olvorced + KOREA HW TIME COMPLETED 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) POST 12 YRS ARRILA 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sur ANTHONY SHTA BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 FAMILY 200. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State 1 Buriel 2 Cremation 3 Removal from State other place) Donetion 5 Other (Specify) 000 2TIM. 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE EVANS CHAPIL OF 8800 HARFORD Mono 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximate shock, or heert fellure. List only one seuse on each line. Interval Between Onset end Deeth **IMMEDIATE CAUSE (Final** diseese or condition UN DIFFERENTIATED CARCINOMA resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED? MEDICAL 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Dimpatient 2 ER/Outpetient 3 DOA OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) 1 TES 2 NO 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident
3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) ETED 8 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the cause(e) and menner se stated 29c. LICENSE NUMBER

29c. LICENSE NUMBER 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE HOUSE PHYSICIAN 90 40390 10 2 30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 7620 YORK ROAD

in Expours after death. Page 6 may be retained by the hos	aly filled in by the funeral director, page 5 should be detach ation, or removal.	, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the mount after death. Page 6 may be retained by the has	TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be find within 72 hours, after neath with the State Dear, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN:	TO THE FUNERAL DIRECTOR: After this certified he filed within 72 hours after death with the St.	IMPORTANT: If Item 28 Is marked, or II

0CT 18 1990

Samuel C. H. Lee, M.D. St. Joseph Hospital, Towson, MD 21204

32. REGISTRAR'S SIGNATURE
a Davidson-Randell

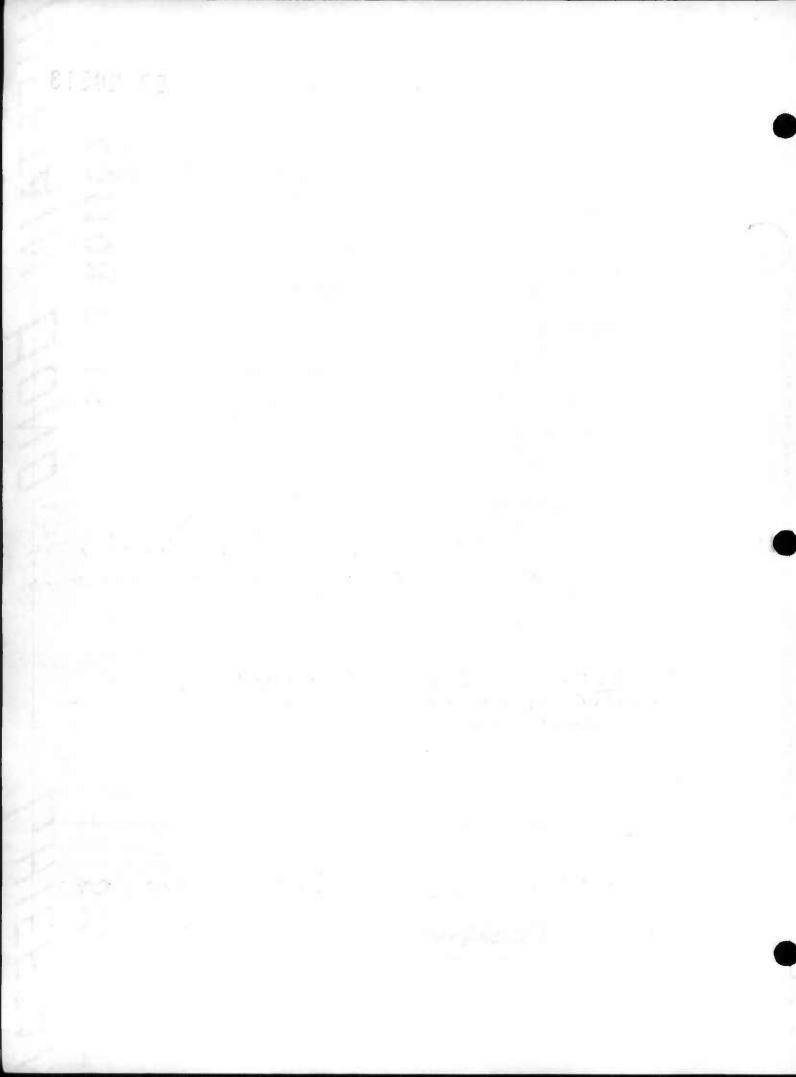
	FOR	CTATE OF MADVI AND / I	DEDARTMENT OF U	EAITH AND M	ENTAL UVCIENT	. 0	0 28511
	1 - STATE REGISTRAR	STATE OF MARYLAND / I	RTIFICATE OF	DEATH	REG. NO.	7	0 20011
	1. DECEDENT'S NAME (First, Middle, Last) HARRIET	J. MCDANI	iel		2. DATE OF DEATH	-90 YE	3. TIME OF DEATH 11:550, M
	10: 1- 01/0	5. SEX 6. AGE (In yrs. last I	birthday) IF UNDER 1 YEAR WONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		Ountry)
OR	St Joseph H	os and number)	96. CITY, TOWN O	N LOCATION OF DEA	тн	9c. COUNTY	DF DEATH
DIRECTOR	10e. STATE 10b. COUNTY	Albane	10c. CITY, TOWN OR LOCATI	ON PAR	KVILLE		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 3324 Willow	show Rd	/ 110f.	21234	4	10g. CITIZEN	OF WHAT COUNTRY?
À	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 DIM IF YES, GIVE WAR OR DATES	If yes, spe	ENDENT OF HISPANI city Cuber, Mexicon, 2 NO Specity:	C ORIGIN? (Specify Yee , Puarto Rican, atc.)		RACE — American Indian, Black, While, stc. Specify:
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade oc Elementery Secondary (0-12)	ompleted) (Give	EDENT'S USUAL OCCUPATION The kind of work done during most polygon was retired.) TOMEMA	st of working	16b. KIND OF BUS	HO!	
BE CON	17. FATHER'S NAME (First, Middle, Last) D. JOHN	Page		18. MOTHER'S NAM	Flife	a from	CLLA
TO B	190. INFORMANT'S NAME (Type/Print) TANCÉ L. 19	& GREAL 1	MAILING ADDRESS (Street at 03 RAYO	AULA L	DR. Shru	State, Zip Cod	Pa. 17361
	20e. METHOD OF DISPOSITION 1	20b. PLACE O other place	OF DISPOSITION (Name of con	netery, crementary or	ferg 20c. LOC	SALY	provin, State
	21. SIGNATURE OF FUNERAL SERVICE LICE	Jouneto	22. NAME AN ZA7 263	D ADDRESS OF FAC JNINO 5 - CONA	Plenera Elina St	L He Enth	Re 18/1224
	IMMEDIATE CAUSE (Final disease or condition	replications that coused the dear the local state of the local state o					Approximete Interval Between Onset and Death
	resulting in death)	DUE TO (OR AS A CONSEOU SECONDARY TO					
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEOU arteriosclero	pence on: tic cardiova	scular di	iease .		
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	3. Status post-	uence of: -cononary by	pass and	mitrl val	ve rep	lcement
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions	contributing to death but not re	esulting in the underlying	g cause given in F	Part I. 24s. WAS AN PERFOR 1 AYES 2	MED?	24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 CAUSE OF DEATH?
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHER:	ACE OF DEATH (Che			
	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. INJ	RK?	28d. DESCRIBE HOW II	NJURY OCCURI	ED
red BY	2 Accident Investigation 3 Suicide 8 Could not be determined determined City or Town, State) 28. PLACE OF INJURY — Al home, farm, atreet, factory, office building, atc. (Specify) 28. LOCATION (Street and Number or Rural Route No. 1) City or Town, State)						
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DESCRIPTION ON THE CERTIFYING PHYSIC DESCRIPTION OF THE CERTIFY PHYSIC DESCRIPTION OF THE CERTIFICATION OF T	IAM To the best of my knowledge, dea On the beele of examination end/or in					use(a) and manner as stated.
8	29b. SIGNATURE AND TITLE OF CERTIFIER Samuel C. H. Lee	James 14	M	~29c. LICENSE NUM D 0 6231	BER	29d. DATE SI	GNED (Month, Day, Year)
유	30. NAME AND ADDRESS OF PERSON WHO						

, . 1. 112 M N . The second secon

	1 - FOR STATE REGISTRAR	STATE OF MARY	YLAND / DEPAF CERTIF					MENTAL	HYGIEN	E 30	6_	0012
	1. OECEDENT'S NAME (First, Middle, Last)							MONTH			AR 3.	TIME OF DEATH
	Hugh • 218-09-1339	Miller 5. SEX 6. AC	McNeill GE (In yrs. last birthday)	IF UNDER 1	YEAR	IF UNDER 2	24 HRS.	7. DATE (OF BIRTH	0.	BIRTHPL	6:22 D M ACE (State or Foreign
	218-09-0339	1½ M 2 □ F	77 YRS.	MONTHS	DAYS	HOURS	MIN.	06/2	(Month, Day, Year) 6/26/13 N. C.			N C
~	9a. FACILITY NAME (If not inatitution, give at			9b. CITY, 1	TOWN OF	LOCATIO	N OF DE					
TO	Greater Baltimo	re Medical	Center				OWSC	on			Bal	timore
DIRECTOR	10a. STATE 10b. COUNTY	r	10c, CIT	Y, TOWN OR	LOCATI	ON				1	10	d. INSIDE CITY LIMITS?
	MD 10e. STREET AND NUMBER			Bal	tim	Ore				10a CITIZEN		YES 2 NO
FUNERAL	2000 Odell Avenue	2					1206	;			JS	
FUN	11. MARITAL STATUS					NDENT OF	F HISPAN		? (Specify Yes	or No— 14.	RACE — Black, W	American Indian, Thite, etc.
ВУ	3 Wildowed 4 Divorced	IF YES, GIVE WAR OF	R DATES	11	YES :	2 🖔 NO	Specify	<i>r</i> :	,		Specify:	Black
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		18a. OECEDENT'S	work done du	CUPATION	N t of working	7	16b.	KIND OF BUS	INESS/INDUS	TRY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT u	se retired.)				0	Sparr	ow Po	int	
MO	17. FATHER'S NAME (First, Middle, Last)					16. MOTH	ER'S NA	ME (First, N	liddle, Melden		1110	
BE C							_	leill				
10	19a. INFORMANT'S NAME (Type/Print) Ida Cameron									n, State, Zip Co		1208
	Ida Cameron 4117 Raliegh Road Baltimore, Md 21208 20a,METHOD OF DISPOSITION 1 ABurial 2 Cremetton 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) Crownsville Veteran Cemetery Crownsville, Md											
	4 Donation 5 Other (Specify)		Crownsv	ille	Vet	eran	Cem	eter.	y Cr	ownsvi	lle	, Md
	21. SIGNATURE OF FUNERAL SERVICE LIC	IN ac -				ADDRES						
	23. PART I. Enter the diseases, or o	1 aren	and the death De	4	300	10	laha	sh A	zenue.	erece hear		
	shock, or heart feliure.	List only one cause of	n each line.						nac or respi	ratory srresi	•	Approximate Interval Between Onset and Death
	disease or condition resulting in death) s. Aut to take Carcingna Onset and											
		DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
ICA	cause. Enter UNDERLYING CAUSE (Disease or Injury	c.	AS A CONSEQUENCE O									
RTIF	that initiated events resulting in death) LAST	A	AS A CONSCOURNCE C	rr):								
	PART II. Other significant condition	as contributing to deet	h but not resulting	in the und	lerlying	CRUSA O	hean in	Dort I	24a, WAS AN	AITTOREV	245 W	ERE AUTOPSY FINDINGS
ICAL			in but not resulting	in the diff	zonymy	cause y	IVOIT III	rant t.	PERFOR	MED?	Al CI	MILABLE PRIOR TO OMPLETION OF CAUSE
MEDI									1 1 163 2			F DEATH?
AN:												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	Outpetlant 3 DOA	OTHER:	:			eck only on				
ЭНХ	27. MANNER OF OEATH	28a. DATE OF INJUI	RY 28b. Til		28c. INJU WOF	RY AT	sidence	6 Other		NJURY OCCUP	ED	
ВУ	1 Netural 5 Pending 2 Accident Investigation			м	1 🗌 Y	ES 2 [NO					
	3 Suicide S Could not be 4 Homicide determined	building, etc. (URY — At home, farm, Specify)	street, factor	ry, office			28f. LOC	ATION (Street a or Town, State)	and Number or	Runal Rou	le Number,
COMPLETED	29a. CERTIFIER (Check only	ICIAN: To the best of my ki	nowledge, death occur	red at the tin	ne, date i	and place,	and due	to the cau	ee(s) and mar	nner as stated.	_	
MO		ER: On the besis of exemin									euse(a) a	nd manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIE	R. V	0			29c. LICE	_				-	onth, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Two	a Print)		/)	121	000	}	10	-18	20
					d Ro	l R=	1+1	mara	MD 24	224		
-	Marion C. Kowa 31. DATE FILED (Month, Day, Year) OPT 1 0 1000	32. REGISTRAN'S	andele		-11/1	. 110		. H. H.		- 34		
	00T 1 8 1990 4	the handwar	6									

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
	MELVIN J. N	MATANOSKI				10 1	6 9	8:37 A M		
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)							
	The state of the s			IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)		
	218 22 1650	1 ☑ M 2 ☐ F	62 yrs.			2-17-19	28	Maryland		
	9e. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY	OF DEATH		
뜻	NORTH ARUNI	TI HOSDITA		GLEN B	HONTE		ANNE	ARUNDEL		
ΙĶΙ	RESIDENCE OF DECEDENT	JLL HUSFIIF	16	ULLIV D	OKNIL		LVIAIA	AKONDEL		
DIRECTOR	10a. STATE 10b. COUN	ТҮ	10c, CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY		
뜻	Maryland Ann	Donah			LIMITS?					
	10e. STREET AND NUMBER	e Arundel	1 1	Riviera	DEACTI of ZIP CODE		Lastan	- 2\		
\$				"				OF WHAT COUNTRY?		
單	228 Dale Roa	d			21122		U.	.S.A.		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED			IIC ORIGIN? (Specify Ye	s or No- 14.	RACE — American Indian, Black, White, etc.		
	1 Never Married 2 Married	FORCES? 1 X YES			pecify Cuban, Mexica S 2 🗔 NO Specifi	n, Puerto Ricen, etc.)		Specify:		
₩	3 Widowed 4 Divorced	World War			X			White		
	15. DECEDENT'S ED	UCATION	184. DECEDENT'S	USUAL OCCUPAT	ION	16b. KIND OF BU	SINESS/INDUS			
COMPLETED	(Specify only highest grad		(Give kind of a	work done during me retired.)	ost of working					
ايرا	Elementary/Secondary (0-12)	2 Years	Forem			Price	Refrac	toru		
Ž		Z Tears	rorem	all	manufacture of the state of			COLY		
8	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Malder		5.01		
8	Josepl	n Matanoski			Josep	hine Scar	Franek			
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural i	Route Number, City or Tox	vn, State, Zip Co	de)		
5	Christine Folme	er	1243	Silver 1	Run Drive	Pasadena	a, Mary	land 21122		
	20a. METHOD OF DISPOSITION		b. PLACE OF DISPO					or Town, State		
	1 S Buriel 2 Cremation 3 Red 4 Donation 5 Other (Specify)	moval from Stata	other place)	- CONTRACTOR			THE PERSON NAMED IN	CONTRACTOR OF THE PROPERTY OF		
		105U055	Holy Cro			Ba	Trimore	e, Maryland		
	21. SIGNATU LOS FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A.									
	· Loung /	42	6:					, Md. 21225		
	23. PART I. Enter the diseases, of	Conflored that are	UMI			-				
	shock, or heart fallum	List only one cause on	each line.	not enter the m	ode or dying, suc	n as cerdiac or resp	oligiony arrest	t, Approximate Interval Between		
	IMMEDIATE CAUSE (Finel					-	1	Onset and Death		
	disease or condition resulting in death)	. Sud	den	4	andi	001	100	th minut		
	resulting in death)	DUE TO (OR AS	A CONSEQUENCE O	F):	^	oce,				
-		Athen	or Leno	TO X	10. 000	Fensin	n h	40 10.		
CERTIFICATION	Sequentially list conditions,	DUE TO (OR AS	A CONSEQUENCE O	Fi:	Al w	161811	9 4	2010		
A	if sny, leading to immediate cause. Enter UNDERLYING				. ,					
유	CAUSE (Diseese or Injury	C. DUE TO (OR AS	A CONSEQUENCE O	B.				<u> </u>		
Ē	that initiated events resulting in deeth) LAST	50E 10 (011 X5	A GONGEGOENCE G	• ,•				į		
1 15		d								
	PART II. Other eignificant condition	ons contributing to death	but not resulting	in the underlyi	ng cause given in	Part I. 24e, WAS AI	VACITION	24b. WERE AUTOPSY FINDINGS		
CAL	77.7	· ·	^			O PERFO	AMED?	AVAILABLE PRIOR TO		
ă	Ceresella	NI Cre			naccu	YES	2 DAO	COMPLETION OF CAUSE OF DEATH?		
ME	Pecacian	Jaua-	-aus	Call	lune	3_		1 TYES 2 THO		
	CAN	criman			-	7				
₹	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (Ch	eck only one)				
PHYSICIAN	EXAMINER?	HOSPITAL:		OTHER:						
≥	27. MANNER OF DEATH	1 Inpetient 2 ER/Ou			me 5 🗆 Residence					
표		28a. DATE OF INJURY (Month, Day, Year)			JURY AT	28d. DEŞCRIBE HOW	INJURY OCCUP	RED		
₽	1 Natural 5 Pending 2 Accident Investigation			M 1	YES 2 NO					
	3 Suicide 6 Could not b	28e. PLACE OF INJUF building, etc. (Sp	Y — At home, farm,	street, fectory, off	ice	281. LOCATION (Street City or Town, State	and Number or	Rural Route Number,		
12	4 Homicide determined	summy, and top	out)			Only or lown, State	"			
3	29s. CERTIFIER . CARTIEVING DAY	OLOUANI, To all I		4.4.4			-			
0.		SICIAN: To the best of my kno								
5	One) a 17 semant masses			on. In my opinion.	death occured at the	time, data and place, a	and due to the c	ause(a) and manner as stated.		
NOC	2 MEDIDAL EXAMI	NER: On the basis of examinat	on and/or investigate					per transfer of the consequent		
E COMPLETED	290. STANTING AND TITLE OF CERTIFIC	-	on ander investigation		29c. LICENSE NU	2110 25 1110 1210 12		IGNED (Month, Day, Year)		
BE	MEDIDAL EXAMI	ER C	on and/or investigate			2110 25 1110 1210 12				
	296. SAGNATUSE AMONTILE OF CERTIFI	- Omr				2110 25 1110 1210 12				
BE	200. SEARCH AND TITLE OF CERTIFICATION OF PERSON V	VHO COMPLETED CAUSE OF T	DEATH (ITEM 27) (Type	a, Print)	29c. LICENSE NU	MBER YY	29d, DATE S	IGNED (Morith, Day, Year)		
BE	296. SAGNATUSE AMONTILE OF CERTIFI	VHO COMPLETED CAUSE OF T	DEATH (ITEM 27) (TYPE CRAIN HIGHW	a, Print)	29c. LICENSE NU	2110 25 1110 1210 12	29d, DATE S	IGNED (Morith, Day, Year)		

32. HEGISTBAR'S SIG



r death. Page 6 may be retained by the hosp	ne funeral director, page 5 should be detached al.	examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR STATE REGISTRAR	STATE OF MARYI			OF DEA			GIENE G. NO.	90	28514
į	1. DECEDENT'S NAME (First, Middle, Last)			AUL.			-	er 16,1	1990	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 217-30-4837	5. SEX 0. AGE	(In yrs. lest birthday) YRS.	MONTHS 1	AYS HOURS	MIN.	7. DATE OF BIF (Month, Day, MAY 28	тн Убаг) , 1935	Country)	ACE (State or Foreign
5	98. FACILITY NAME (If not Institution, give a Peninsula General				own or Local				UNTY OF DEAT	
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	Υ	10c Cf	Y TOWN OR	LOCATION				10	Dd. INSIDE CITY
106. STATE 106. COUNTY 106. CITY, TOWN OR LOCATION MARYLAND BALTIMORE CATONSVILLE									LIMITS?	
AF	10e. STREET AND NUMBER				10f. ZIP CO	DE		10g. CF	TIZEN OF WHA	AT COUNTRY?
215 KENWOOD AVENUE 21228 11. MARITAL STATUS 12. WAS DECEMENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Vec of N								U.S.		
ם דם	1 Never Merried 2 XXMerried 3 Wildowed 4 Divorced	FORCES? 1 YES	2)(XNO	H y		ben, Mexicer	n, Puerto Ricen,		Black, V Specify: WHI	- American Indian, White, sic. TE
3	15, DECEDENT'S EQU (Specify only highest grade		16a. DECEDENT'S	Work done du	UPATION ing most of wor	king	16b. KINO	OF BUSINESS/IN	IOUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	SALESM				M	EAT		
SALESMAN/BUYER MEAT 17. FATHER'S NAME (First, Middle, Last) ANTHONY J. PAUL, SR. SALESMAN/BUYER MEAT 18. MOTHER'S NAME (First, Middle, Maiden Surname) ANNA M. SHANNAHAN										
	19s. INFORMANT'S NAME (Type/Print)							y or Town, State, 2		01000
	BERTHA F. PAUL	20	b. PLACE OF DISPO	SITION (Name	of cametery, cr			LE, MAR		
	1 A Burlei 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	toval from Stata	OUDON PA	RK CEM	ETERY			BALTIMO		
	21. SIGNATURE OF FUNERAL SERVICE D	CENSEE	11		ME ANO ADDR			WIT7K	E FIINE	CRAL HOMES
	Kussell	anes	Les	163	O EDMO	NDSON	AVENU	E, CATON	SVILLE	, MD.21228
	23. PART I. Enter the diseeses, or shock, or heert fellure. IMMEDIATE CAUSE (Finel diseese or condition resulting in deeth)	e. Carch.	eech Ilne.					r respiretory e	rrest,	Approximete interval Between Onset end Deeth
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Due to (or as a consequence of): Oue to (or as a consequence of):									
1	PART II. Other significant condition	ns contributing to deeth	but not resulting	In the und	erlying cause	given in		WAS AN AUTOPS! PERFORMED?		VERE AUTOPSY FINDINGS
							_ 10	YES 2 NO		OMPLETION DF CAUSE OF DEATH?
MED!							_		1	YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PLACE OF	DEATH (Ch	eck only one)			
	1 YES 2 NO	HOSPITAL:		- T		Residence	6 Other (Spe			
rua to	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)	114	JURY M	Bc. INJURY AT WORK? 1 YES 2	□ NO		E HOW INJURY O		
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUF building, etc. (Sp	RY — At home, farm, secify)	street, factor	y, office		281, LOCATION City or Tow	l (Street and Numb rn, State)	er or Rural Rou	rte Number,
S Could not be detarmined building, etc. (Specify) 298. CERTIFFIER (Check only one) 2 MEDICAL EXAMINER: On the best of symmination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.										and manner as stated.
O BE	29b. SIGNATURE AND TITLE OF CENTURE	Weland,	no		29c. L	347	168	29d. D/	10/16	Month, Day, Year) /90
-	Jeffrey Wie	no completed cause of dand, MD-	30	e, Print)	version	de I	Dr., S	Salisbu	iry M	d 21301
	OCT 1 8 1990	Julia Davidson	RNATURE							

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x ours after death. Page 6 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be

							90	20010
	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH		TAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					ATE OF DEATH	/ YE/	3. TIME OF DEATH
- 1	+LORENCE		nPHRE	У		10 16	90	07:15 H
	-110:-1	5. SEX 8. AGE		F UNDER 1 YEAR IF UNDER DAYS HOURS	MIN. (A	ATE OF BIRTH Month, Day, Year)	900	HRTHPLACE (State or Foreign
	9s. FACILITY NAME (If not institution, give stre	set and number)	9	b. CITY, TOWN OR LOCAT	ION OF DEATH		9c. COUNTY	OF DEATH
MECION	RESIDENCE OF DECEDENT	Hospital		Baltimo	re		Bal	timor &
길	10a. STATE 10b. COUNTY		10c 0177,	TOWN OF LOCATION				10d. INSIDE CITY
5	M.D.		15	altimo	270)		YES 2 NO
EMAL	100. STREET AND NUMBER	hal		101. ZIP COD	220		10g. CHTZEN	OF WHAT COUNTRY?
	11, MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DECENDENT	OF HISPANIC OF	RIGIN? (Specify Yes	or No.— 14. I	RACE — American Indian.
	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, specify Cubit 1 TYES 2 NO	en, Maxican, Pue			Black, White, etc.
	3X Widowed 4 Divorced							Black
ED	15. DECEDENT'S EDUCA (Specify only highest grade of		16a. DECEDENT'S US (Give kind of wor life. Do NOT use	k done dyring most of worki	ing	16b. KIND OF BUS	INESS/INDUST	RY
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	Tom-	25 10		Dor	nos	+10,
J. COMP.	17. FATHER'S NAME (First, Middle, Last)			и мрт	THER'S NAME F	mt, Middle, Maiden	Surname) /	/_
מב	Thomas (John	100	14	arth	10		-ornist
2	190. INFORMANT'S NAME (Type/Print)	Brown	1 1 0	DDRESS (Street and Number	10 12	Number, City or Town	, State Zip Cod	107
	20 METHOD OF DISPOSITION	20	b. PLACE OF DISPOSIT	ION (Name of cemetary, cre-	matory of	20c LOC	CATION - CITY	gr. Town, State
	1 Burlel 2 Cremetton 3 Remon	vat from State	other place, M+	ZionCe	emeter	31 Ba	10,0	intu. Md
	21. BIGNATURE OF FUNERAL SERVICE LIGE	ENSEE		22. NAME AND ADDRES	ESS OF PACILITY	7 11	il	
J,	In Co	me	<i>f</i> •	19120	N. K	orth	A	res
٦	23. PART I. Entar the diseases, or co			anter the mode of dy	ying, such as	cardiac or reapi	ratory arrest,	Approximata Intarval Between
	IMMEDIATE CAUSE (Final		/					Onset and Daath
	disease or condition resulting in death)	DEPSI	A CONSEQUENCE OF):					
,		BUSTER	1 DCP11	PATINE D	フィデリト	MONIA		
RIFICATION	Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):	2	1000	0.00		
5	cause. Enter UNDERLYING CAUSE (Disease or injury	CECEBLO	AUD CAN	K ACUD	ENT			
₽	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):					
3	d.							
AL	PART il. Other significant conditions	contributing to death	but not reaulting in	tha undarlying cause	given in Part	PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
						1 TYES 2	□ NO	OF DEATH?
Σ								1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF	DEATH (Check or	nly one)		
PHYSICIAN: MEDICAL	EXAMINER?	HOSFITAL: 1 ☑ Inpatient 2 ☐ ER/Ou		OTHER:	Realdence 6 -	Other (Specify)		
5	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJURY AT WORK?	28d	. DEŞCRIBE HOW II	NJURY OCCURE	ED
2	1 Natural 5 Pending 2 Accident Investigation	101101	10		□ NO			
	3 Suicide 6 Could not be determined	building, atc. (Sp	Y — At home, ferm, atrectly)	eet, factory, office	261.	City or Town, State)	and Number or F	tural Route Number,
4	29a. CERTIFIER . CERTIFYING PHYRIC	NAM: To the best of my kno	wladas dieth sasu-d	at the time date and ates	and due to th	(a) and man		
COMPLEIED	one)	ZIAN: To the bast of my kno R: On the basis of exeminati						use(s) and manner as atated.
	29b. SIGNATURE AND TITLE OF CERTIFIER		17	29c. LIC	CENSE NUMBER		29d. DATE SI	GNED (Month, Day, Year)
O BE	CHANGE C	31	ハレ				▶ 10	1/15/90
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	ST AGNE	LOJPIT,	AL 91	DD CATO	VA W	E
	31. DATE FILED (Month, Pay 1990	Fine Court of the	MILITANIA					
- 1								

(1	
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	+OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2m curs after death. Page 6 may be retained by the hospital or attending physician.	UNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Preservel, within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
	105	IT I

be retained by the hospital or attending physician. ge 5 should be detached for use as the burial-transit e notified at once.	ETED BY FUNER	1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUCAT (Specify only highest grade cor		2 NO	If yea, spe 1 — YES	ENDENT OF HISPANI city Cuban, Maxican 2 Prio Specify:	, Puarto Rican,	ecify Yea or No— atc.)	Specify:	American Indian, lifa, etc.
ed by the hospital old be detached and once.	BE COMPL	HYMAN RAINESS E					ULAH	, Maiden Surname) ASHMAN	RET	AIL
ay be retained the page 5 should be notified	10	19a. INFORMANT'S NAME (Type/Print) MRS. FANNIE ROSE		2717-	F JENNE	R DR., A		BALTO.	, MD	21209
age 6 may director, pager must b		20a. METHOD OF DISPOSITION 137 Burial 2 Cremation 3 Ramova 4 Donation 5 Other (Specify)	from State	PLACE OF DISPOSIT other place) D VETERAN	S - GAR	RISON FO		20c. LOCATION — OWINGS		
r death. Pe funeral al.		21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE Levis		SO	D ADDRESS OF FAC L LEVINS REISTER	ON & B			21215
ed in by the		23. PARTY. Enter the diseases, or con							10.7.10	
within 24 opletely fill cremation rent, the		hock, or haart fallura. Lia IMMEDIATE CAUSE (Final	P nevn	ach lina.	antar tha mod	de of dylng, such				Approximata Intarval Between Onset and Death
ath certificate be executed within antending physician and completely fill thygiene prior to burial, cremation or other traumatic event, the	ERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	P nevn	ach Ilna. CONSEQUENCE OF):			aa cardiac	or reapiratory arr	eat,	Approximata Interval Between Onset and Death
death certificate be execu extending physiclan and ental Hygiene prior to bur iry, or other traumalie	MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	DUE TO (OR AS A Property (A)	CONSEQUENCE OF):	ent	netas.	chon	di sea	24b. WEI	Approximata Interval Between Onset and Death 17 Lows 7 Ldm 48 hours 74 y.
death certificate be execu e attending physician and ental Hygiene prior to bur iry, or other traumalie	MEDICAL CERTIFI	Sequentially list conditions, if sny, lasding to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) PART II. Other algnificant conditions of the conditions of the cause.	DUE TO (OR AS A Property (A)	ach lina. CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): Ut not resulting in	tha undarlying	netas.	Part I. 24a.	WAS AN AUTOPSY PERFORMED?	24b. WEI	Approximata Interval Between Onset and Death Interval Between Interval Between Interval Between Interval Between Interval
death certificate be execu extending physiclan and ental Hygiene prior to bur iry, or other traumalie	PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if sny, lasding to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) PART II. Other algnificant conditions of the conditions of the cause.	DUE TO (OR AS A CONTributing to death be CONTRIBUTED TO (Month, Day, Year)	ach lina. CONSEQUENCE OF: CON	tha undarlying 26. PL OTHER: Nursing Norm OFF 28. INJ WO 1 Y	ace of Death (Che 6 Rasidence URY AT RK? ES 2 NO	Part I. 24a. 1 Cother (Sp. 28d. DESCRIB	WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WEI AMA COID OF 1	Approximata interval Between Onset and Death 7
TTENDING PHYSICIAN: The law requires that the death certificate be execu TOR: After this certificate has been signed by the attending physician and after death with the State Dept. of Health and Mental Hygiene prior to bur 28 is marked, or litem 23 shows any injury, or other traumatic	ED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if sny, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evanta resulting in death) PART II. Other aignificant conditions of the conditions of the cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evanta resulting in death) LAST PART II. Other aignificant conditions of the cause in the	DUE TO (OR AS A CONTRIBUTING TO GRASH DUE TO (OR AS A DUE TO (OR AS A Properties to Grash be CONTRIBUTED TO GRASH CONTRIBUTED TO GRASH CONTRIBUTED TO GRASH CONTRIBUTED TO GRASH 280. DATE OF INJURY	ach lina. CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): Ut not resulting in Deatlent 3 DOA 4	tha undarlying 26. PL OTHER: Nursing Norm OFF 28. INJ WO 1 Y	ace of Death (Che 6 Rasidence URY AT RK? ES 2 NO	Part I. 24a. 1 Cother (Sp. 28d. DESCRIB	WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WEI AMA COID OF 1	Approximata interval Between Onset and Death 7
OING PHYSICIAN: The law requires that the death certificate be execu After this certificate has been signed by the attending physician and death with the State Dept. of Health and Mental Hygiene prior to bur s marked, or tem 23 shows any injury, or other traumatic	BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evanta resulting in death) LAST PART II. Other algnificant conditions of the conditions of th	DUE TO (OR AS A CONTributing to death be CONTributing to death be 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, atc. (Spec	ach lina. CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): Ut not resulting in DOA 4 28b. TIME (NJUE) CONSEQUENCE OF):	tha undarlying 26. PL OTHER: Nursing Nom Nursing Nom 1	ace of Death (Che	Part I. 24a. 1 Cock only one) 6 Other (Sp. 28d. DESCRIE 2ef. LOCATIOn City or You to the cause(a)	was an autopsy Performed? Yes 2 No	24b. WEI AWA COI OF 1 CURED	Approximata interval Between Onset and Death

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

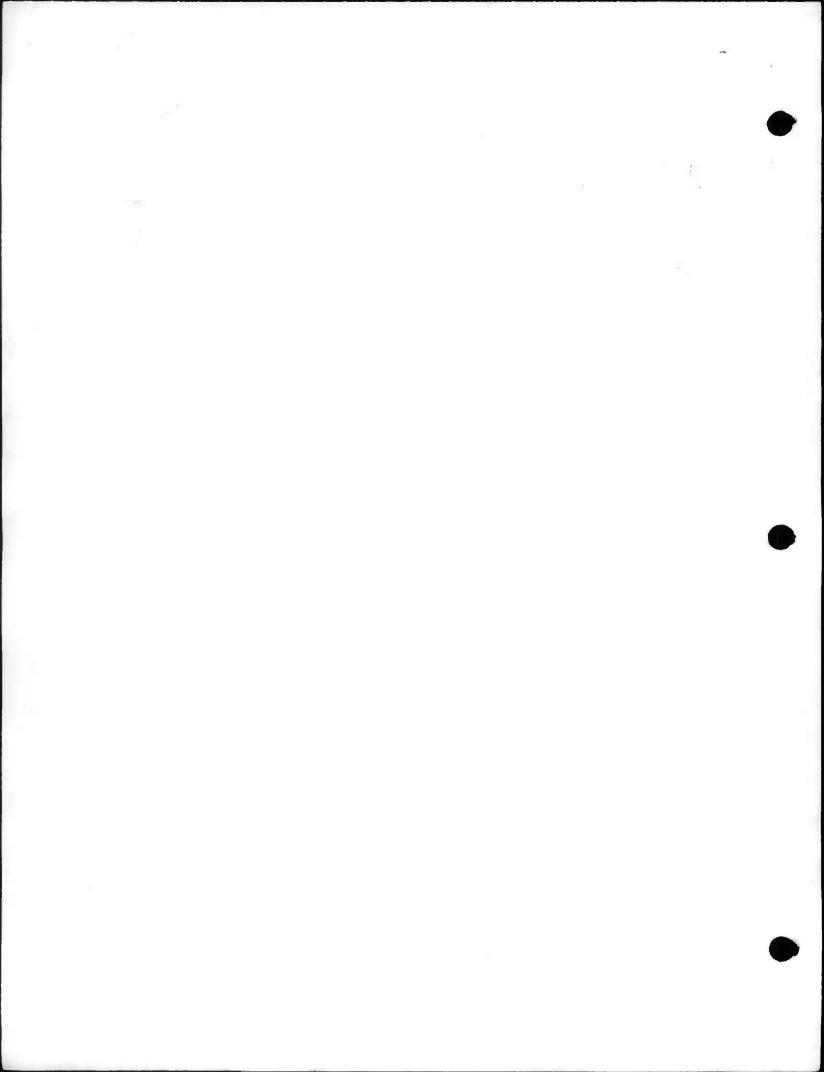
22 32. SEGISTRAR'S SIGNATURE
Fishe Davidson-Randale

m.D

31. DATE FILED (MODITI- Day, Year) 1990

BALTIMORE, MARYLAND 21203-314	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 6 may be retained by the hospital or attended to	TO THE FUNERAL DIRECTOR: After this cerdificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	fied at ence.
BALTIMORE, MA	s after death. Page 6 may be reft	by the funeral director, page 5 semoval.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be neithfied at once.
3146,	cuted within 2 - Sur	d completely filled in urial, cremation, or I	ilc event, the me
.O. BOX 13	th certificate be exec	ending physician and Hygiene prior to bi	or other traumat
ECORDS, P	equires that the deal	en signed by the att	hows any injury,
F VITAL R	YSICIAN: The law r	s certificate has be th the State Dept.	ad, or item 23 s
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	L OR ATTENDING PHY	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the formed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	item 28 is marke
	TO THE HOSPITAL	TO THE FUNERAL	IMPORTANT: 11

	FOR STATE REGISTRAR	TATE OF MARYLA		TMENT OF H		MENTAL HYGIEN REG. NO	C. C. C. I	28517	
į	1. DECEDENT'S NAME (First, Middle, Fall) and FRANCES EL				2. DATE OF DEATH DAY YEAR 3. TIME OF DEATH OCTOBER 07, 1990 1350 PM				
	213-40-7232 10	M2 F 7	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. NOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 02,23,1	3 W	BIRTHPLACE (State or Foreign Country) Vashington, D	
J.	PHYSICIANS MEMOR		TAL	LA PLA	R LOCATION OF DE TA	ATH	9c. COUNTY CHARL		
ECI	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	1	10c. CITY	, TOWN OR LOCAT	ION			10d. INSIDE CITY	
- DIR	Maryland Char	·les.	I	ndtan			Total annual	1 YES 2 NO	
FUNERAL DIRECTOR	8 PINE STREE	ET POTOM	AC HTS	. 107	ZOG.	40	10g. CITIZEN	25 A	
FUN	11. MARITAL STATUS 12.	WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED 2 XNO	13. WAS DEC If yes, spe	ecify Cuban, Maxicar	IC ORIGIN? (Specify Yen, Puerto Ricen, atc.)		RACE — American Indian, Black, Whita, etc.	
D BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT			2 X NO Specify		W	hite	
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp. Elementary/Secondary (0-12) Co	oleted) oleted)		USUAL OCCUPATIO rork done during mo. e retired.)		16b. KIND OF BI	JSINESS/INDUST	TRY	
MPL				memaker			Home		
BE CC	17. FATHER'S NAME (First, Middle, Last) Unknown					B. MOTHER'S NAME (First, Middle, Malden Surname) Unknown			
TO B	19a. INFORMANT'S NAME (Type/Print)					loute Number, City or To			
	Paul F. Richards 200, METHOD OF DISPOSITION	20b.	PLACE OF DISPOS	ne Stre		lian Hea	d. MD		
	1 X Burial 2 Cremation 3 Ramoval 4 Donation 5 Other (Specify)	T:	inity N		1 Garde		ldorf,	Md	
	21. SIGNATURE OF FUNERAL SERVICE LICENS	500	77	Areha		eral Hom			
	23. PART I. Enter the diseases, or com	plications that caused	tha death. Do n			7, LaPla			
	ahock, or haart fallure. Llat iMMEDIATE CAUSE (Final	only one cause on aa	ch lina.					Interval Between Onset and Death	
	disease or condition resulting in death) a. Respiratury Collapse Due to lor as a consequence of:						J.hr.		
N	RUDTURE OF ABDOMINAL ARTERY. 12h.								
CATIC	If any, leading to immediate cause. Enter UNDERLYING								
CERTIFICATION	that initisted events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF	F):					
	PART il. Other significant conditions co	ontributing to death by	it not resulting	in the underlyin	n cause alven in	Part I 24a MAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS	
ICAL	TATT II. Otto agrinoate obtations of	nitributing to again bu	at not resulting	in the dilderlyin	y cause given in		ORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDIC						_		1 U YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL			26. PI	LACE OF OEATH (Ch	eck only one)			
PHYSICIAN:		OSPITAL: Inpatient 2 DER/Outpe	etlant 3 🗆 DOA	OTHER: 4 - Nursing Hon	ne 5 🗆 Realdanca	8 Other (Specify)			
	27. MANNEB OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM INJ	URY WO	NURY AT DRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED	
TED BY	2 Accident investigation 3 Suicide 6 Could not be determined	— At home, farm, street, factory, office		28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.								
H						IGNED (Month, Day, Year)			
10	30, NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type Boz 4	, Print) 30 (00	Washin	Hantue	LaPla	,0	
	31. DATE FILED (Month, Dey, Year)	32. REGISTRAR'S SIGN		89					



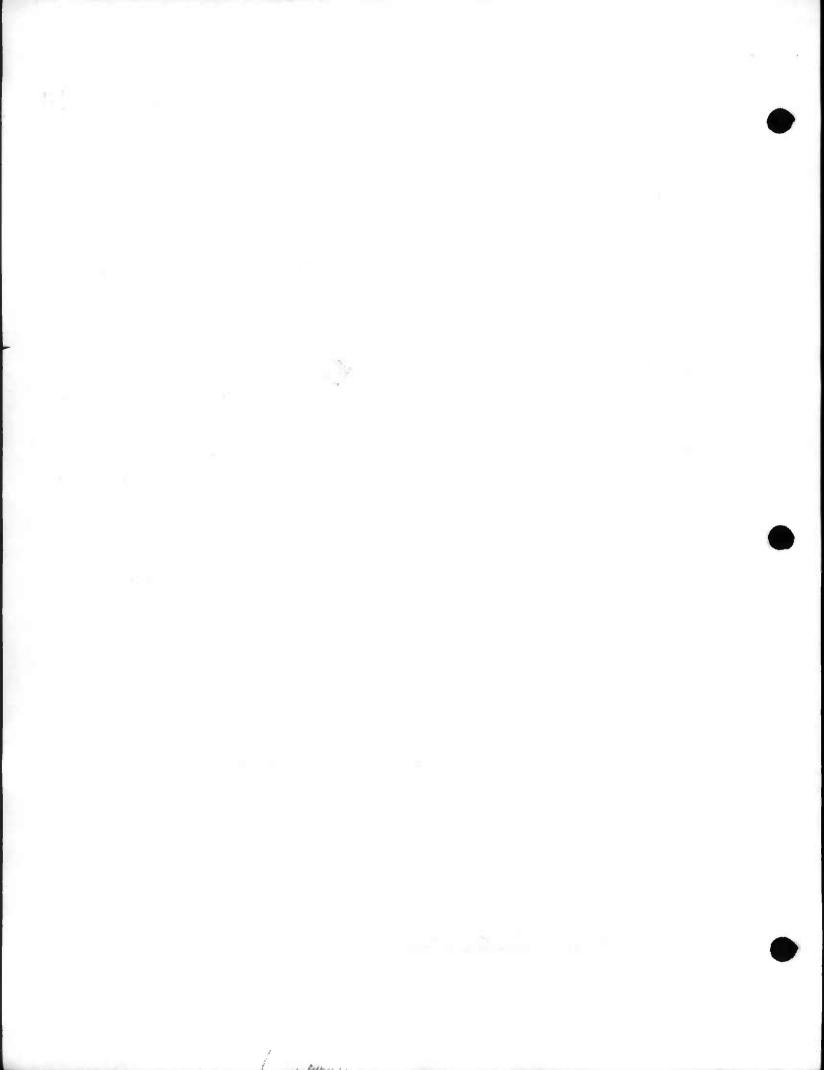
31. DATE FILED (Mohin, Day, Year)

OCT 1 8 1990

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the cours after death. Page 6 may be retained by the brospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H ICATE OF		MENTAL HYGIEN REG. NO		28518	
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH D	AY YEA	3. TIME OF DEATH	
RALPH	HIZE K	BORO	Kau			7 9		
4. SOCIAL SECURITY NUMBER	111 -000	(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. 8	IRTHPLACE (State or Foreign ountry)	
174-01-1041	1₽ M 2 □ F 80	YRS.	MONTHS DATS	HOURG MIN.	/29/10		MD	
9a. FACILITY NAME (If not Institution, give	street and number)		96. CITY, TOWN C	R LOCATION OF DE	EATH	9c. COUNTY		
T JOSEPH HOSPIT	TAL 7620	YORK RI) RAT.	TIMORE	-Towson	BAL'	TIMORE COUN'	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT			Y, TOWN OR LOCAT	ION			10d. INSIDE CITY	
MD BAI	LTIMORE	P	ARKV.	115			LIMITS?	
10s. STREET AND NUMBER	JI IIIONIS			ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
7703 OAK AVE	BALTO.MD	1	2	1234		11.5	c A.	
11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (Specify Ye	a or No — 14, I	RACE — American Indian.	
1 Never Married X Married 3 Widowed 4 Divorced	FORCES? 1 YES			NO Specif	an, Puerto Rican, etc.) y:		Black, White, alc. Specify:	
15. DECEDENT'S ED		16a. DECEDENT'S	USUAL OCCUPATION	ON .	16b. KIND OF BU	SINESS/INDUST	TTE .	
(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	work done during mo se retired.)	at of working				
12YRS.		122	FSM	ρ.	Brook ST		ORS	
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maiden	Surname)		
SHLWOOD	W- SCA	RBORG	Haur	G-5 R	TRUOS	C. H	ARTMAN	
19a. INFORMANT'S NAME (Type/Print)	12 140		ADDRESS (Street a	nd Number or Rural	Route Number, City or Tov	vn, State, Zip Cod	0)	
FAMILY R	ECOROS	3	SAME	AS A	Bovs			
20e. METHOD OF DISPOSITION	20	b. PLACE OF DISPOS	SITION (Name of cer	netery, crematory or	20c. LC	OCATION — City	or Town, State	
4 Donation 5 Other (Specify)	TOVAL FROM STATE	PORELA	00 M	m Par	K PA	akris	L MO.	
21. SIGNATINE OF FUNERAL BERYICE L	CENSEE		22. NAME A	D ADDRESS OF FA	CILITY = ME	70 RIES		
► 100 T	2		2VAI	7 CH APS		Occ	1	
23. PART I. Enter the diseeses, pr	complications that cause	d the death Do r	880			0-74	Approximete	
ahock, or heert failure	List Dnly Dne couse Dn	ech line.	ibt enter the mo	de or dying, sav	on se cardiac or resp	metory otrest,	Interval Between	
IMMEDIATE CAUSE (Finsi disease or condition	Condine as	+					Onset and Death	
reaulting in death)	8	A CONSEQUENCE OF			,		30 min.	
	C .	Ceremony artery bisease (Ischemic heart dueure)						
Sequentially list conditions,	-	A CONSEQUENCE OF		(searce)	150000	74-17-20	00000	
If any, leading to immediate couse. Enter UNDERLYING								
CAUSE (Disease or Injury that Initiated events	C. DUE TO (OR AS	A CONSEQUENCE OF	F):					
resulting in deeth) LAST	a							
	0.						1	
PART II. Other algnificent condition			In the underlyin	g ceuee given in		N AUTOPSY PRMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDR TO	
Chune Atria	l Frbrillat	ean			1 _ YES	2 PNO	OF DEATH?	
							1 TYES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (C	heck only one)			
1 U YES 2 DANO	1 Inpatient 2 ER/Out	patient 3 🗆 DOA		ne 8 🗆 Residence	Residence 8 Other (Specify)			
27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM		JURY AT ORK?	28d. DESCRIBE HOW	INJURY OCCUR	ED	
1 Natural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO				
3 Suicide 8 Could not be	28s. PLACE OF INJUR building, atc. (Spot	Y — At home, farm, ecily)	street, factory, offic	:0	28f. LOCATION (Street City or Town, State	and Number or f	Rural Route Number,	
4 Homicide determined								
TOTION OTHY	SICIAN: To the best of my know	wiedge, death occurr	red at the time, date	and place, and du	e to the cause(a) and me	anner as stated.		
one) —	IER: On the basis of examination	on and/or investigation	on, in my opinion,	death occured at the	e time, data and piece, a	and due to the ca	ruse(s) and menner as stated.	
296 SIGNATURE AND TITLE OF CERTIFIC	en cutu in			29c, LICENSE NU			GNED (Month, Day, Year)	
		EATH //TEM OF /T-	Drint)					
RONALD D SCHE	CHT412, MB	6565	N. Cha	ulu Str.	ut Balti	more, W	18 21204	



BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an entering part of the control of the same of

	FOR STATE OF MARYLAND / DE REGISTRAR CER		OF HEALTH AND N	MENTAL HYGIEN	E	
	1, DECEDENT'S NAME (First, Middle, Last)		-	2. DATE OF DEATH		3. TIME OF OEATH
	EDG-DR L SPERL			MONTH D	1 199	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last bli	rthday) IF UNDER	YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. B	NRTHPLACE (State or Foreign
	20 - 010 - 08	YRS. MONTHS	DAYS HOURS MIN.	Month, Day, Year)	1922 (PARYLAND
E E	9e. FACILITY NAME (If not institution, give street and number)	9b. CITY,	TOWN OR LOCATION OF DE	ATH /	BALT	OF OEATH
DIRECTOR	RESIDENCE OF DECEDENT				2.2	1010
2	10a, STATE 10b, COUNTY 1	IOC. CITY, TOWN O				10d. INSIDE CITY LIMITS?
	JARYLAM BALLIMORE	LAR				1 TYES 2 NO
3AL	10e. STREET AND NUMBER		10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
Ä	3031 SAST AVE.		3123,	+	1	.7-14.
FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married 12. WAS DECEDENT EVER IN U.S. ARMEI FORCES? 1 YES 2 NO		AS DECENDENT OF HISPAN yes, specify Cuben, Mexica		or No- 14.	RACE — Americen Indien, Black, White, atc.
В	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES	1	YES 2 NO Specify	r.	- (Specify:
	. 35	DENT'S USUAL OC	CUPATION	16b, KIND OF BU	SINESS/INDUST	BY BY
E	(Specify only highest grade completed) (Give	kind of work done of NOT use retired.)	uring most of working			
COMPLETED	C. C.	S FLE	mP.	600	STRI	00,720
OM	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NA	ME (First, Middle, Maiden		V C I I I I I
C	JOHN SPSR)		FLOG	3703	F 7	ARPLS
BE (19a, INFORMANT'S NAME (Type/Print) 19b. N	AAILING ADDRESS	(Street and Number or Rural I	Route Number, City or Tow	n, State, Zip Cod	(e)
5	FAMILY RECORDS	SAM	I AS AB	IVE		
	20s. METHOD OF DISPOSITION 174 Burlal 2 Cremetton 3 Removal from State other place	DISPOSITION (Na	me of cemetery, cremetory or	20c. LO	CATION City	or Town, State
	4 Donetion 5 Other (Specify)	SAKO	LUTH, CHU	RCH PA	RKYIL	I MO.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		NAME AND ADDRESS OF FA	CILITY OF	nema	Ris
	► 1(2/2) d Z	1 2	VANS CHARE	_	- P	2115. 40
	23. PART I. Enter the diseases, or complications that caused the deet	h. Do not enter			Iratory arreet.	Approximate
	shock, or heart fallure. List only one ceuse on each line.		, .			Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	m .				Oriogi and Ogoti
	resulting in daeth) e	ENCE OF):				
_	- RONAL FAIL	1Rl	,			[[
0	Sequentially liat conditions, if any, leading to immediate	ENCE OF):				
8	Couse, Entar UNDERLYING CAUSE (Disease or injury					
E	that initiated evants OUE TO (OR AS A CONSEQUE	ENCE OF):				
CERTIFICATION	resulting in death) LAST					
	PART II. Other significant conditions contributing to death but not ree	ulting in the un	dariying cause givan in			24b. WERE AUTOPSY FINDINGS
CAL				PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
E				1 □ YES	2 34 110	OF DEATH?
PHYSICIAN: MEDIC				—		
AN	25, WAS CASE REFERRED TO MEDICAL		26. PLACE OF OEATH (Ch	eck only one)		
SIC	EXAMINER?	DOA 4 Num	t: ilng Home 5 K Residence	6 Other (Specify)		
ΗX	27. MANNER OF DEATH 280. DATE OF INJURY	28b. TIME OF	28c. INJURY AT	28d. DESCRIBE HOW	INJURY OCCUR	EO
	1 Netural 5 Pending (Month, Day, Year)	INJURY M	WORK? 1 YES 2 NO			
) BY	3 Suicide 28e. PLACE OF INJURY — At home	, farm, street, fact	ory, office	26f. LOCATION (Street		Rural Route Number,
TEL	4 Homicide determined building, etc. (Specify)			City or Town, Statu	"	
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death	h occurred at the t	lme, date end place, end due	to the ceuse(e) end mi	nner ee stated.	
N N	one) 2 MEOICAL EXAMINER: On the beele of examination end/or inv					euse(e) end menner es stated.
	290. BIGNATURE AND TITLE OF CERTURES		29c. LICENSE NU	MBER	29d. OATE SI	GNEO (Month, Day, Year)
BE	Mules (energene 4	MO	D33	551	Do:	7.18 199h
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM :	27) (Type, Print)	13-			3.19,110
	9000 FRANKIN Square	DR:	21237	M. Ad	KERBK	neW_
	31. OATE FILEO (MONTH, Day, 1997) 32. REGISTRIA'S SIGNATURE Fund Augusta Augusta And	Lette				

217

Ę

1. No. 1.

	1 - FOR STATE REGISTRAR	STATE OF MARY				EALTH AND DEATH	MENTAI	REG. NO.	9	U	28221
	1. DECEDENT'S NAME (First, Middle, Last)	Phyllis C	. Seide	:1			2. DATE MONTH			EAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 215 14 7813 9a. FACILITY NAME (If not institution, give	1 □ M 2 🔀 F	(In yrs. lest birthday	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month	OF BIRTH), Day, Year) L-4-192	1	Country) Mary	ACE (State or Foreign
TOR	1657 E. Belved		Apt. 319		alti	MOTE	EATH		9c. COUNTY	OF DEAT	н
DIRECTOR	10a. STATE 10b. COUNT Maryland ===		10e. C		on Locat						d. INSIDE CITY LIMITS? YES 2 NO
Y-FUNERAL	1657 E. Belv 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	edere Avenue 12. was decedent even FORCES? 1 YES	IN U.S. ARMED	-	. WAS DEC	21239 ENDENT OF HISPAlectry Cuben, Mexica 2 (2)NO Specific	in, Puerto F	? (Specify Yes o	U.	S.A.	American Indian, /hite, etc.
LETED	15. OECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		Ilfe. Do NOT	f work done use retired.	during mo	at of working	16b.	KIND OF BUSIN		TRY	White
COMPL	17. FATHER'S NAME (First, Middle, Lest)	T years	SCIIC	01 1	eache	18. MOTHER'S NA	ME (First, A				
BE	Georgi	e P. Bisso				Pear				-	
5	Rev. Michael F	ahev				ourt Gl				e mi	21061
	20a. METHOD OF DISPOSITION 1 2 - Burlal 2 - Cremation 3 - Ren	20	b. PLACE OF DISP other place)				CII De		TION — City		
	4 Donation 5 Other (Specify)	7952.87,035	Glen Ha			rial Par		Gle	n Bur	nie,	Marylar
y İ	· Donna	M Brame	inusk	1.	Geor	ge J. G l Ritchi	once				
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. MYO	ad the death. Do each line. A CONSEQUENCE	21)	liac or respira	tory arrest	l,	Approximate interval Betwoonset and Do
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE								
MEDICAL CE	PART II. Other significant condition	ns contributing to death	but not resulting	g in the u	ınderiyin	g cause given in	Part I.	24a. WAS AN A PERFORM	ED?	AM CO DF	ERE AUTOPSY FINDIN ARLABLE PRIOR TO OMPLETION OF CAUS F DEATH? YES 2 NO
AN:	25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF DEATH (C)	heck only or	ne)			
PHYSICI	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Ou	tpatient 3 DOA	OTHE 4 N		e 5 🗆 Residence	6 🗆 Othe	r (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		IME OF NJURY M	1 🗆 '	YES 2 NO	28d. OES	SCRIBE HOW IN	IURY OCCUI	łED	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUF building, etc. (Sp	RY — At home, farm lec/ly)	, street, fa	ctory, offic	•	26f. LOC City	ATION (Street an or Town, State)	d Number or	Rural Rout	le Number,
COMPLET	one)	SICIAN: To the best of my kno ER: On the basis of examinat									nd manner as state
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	Comos	4			DO13	MBER 37				lorth, Day, Year) 18-90
	Dr. Francis		201 E. U		rsit	y Pkwy.	Balt:	imore,	Mary1	and	21218
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE								

OCT 1 8 1990 Julia Navidora Randore

BALTIMORE, MARYLAND 21203-3146

28521 90 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

SEG NO.

1 - STATE REGISTRAR	STATE OF MARY		IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	90	28521
1. DECEDENT'S NAME (First, Middle,				2. DATE OF DEATH DAY 10 11	1990	3. TIME OF DEATH 12:50 A
4. SOCIAL SECURITY NUMBER 108-03-3500	1 🗆 M 2 🔀 F	84 YRS. MOI	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-28-05	Country	NEW YORK
90. FACILITY NAME (If not institution, 6421—C ELRA) RESIDENCE OF DECEDEN	DRIVE	96	BALTIMORE	DEATH	9c. COUNTY OF DE	ATH
	DUNTY	10c. CITY, TO	BALTIMORE 101, ZIP CODE		10g. CITIZEN OF W	10d. INSIDE CITY LIMITS? 1 X YES 2 NO
6421-C ELRAY			2120	9	USA	A
11. MARITAL STATUS 1 Never Married 2 Married 2 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	8 2 V NO	13. WAS DECENDENT OF HISP If yes, specify Cuben, Mexi 1 ☐ YES 2 ☑ NO Spe	can, Puerto Rican, etc.)	Black,	- American Indian, White, etc.
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	S EDUCATION grade completed) College (1-4 or 5+)	Ille. Do NOT use re	done during most of working tired.)	16b. KIND OF BUSH		
17. FATHER'S NAME (First, Middle, La	st)	RESTAC	PRANTEUR 18. MOTHER'S	NAME (First, Middle, Maiden Sc	FOOD umame)	-
MORRIS	KUPPER		E	STHER UNKNO	NWN .	
19e. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	DRESS (Street and Number or Run	al Route Number, City or Town,	State, Zip Code)	
MRS LEATRICE			ONEHAVEN RD.		ATION - City or Toy	
1 Donation 5 Other (Specify	Removal from State	other place) HEBF	ON (Name of cometary, cremetory of REW YOUNG MENS	20e. 10G	BALTIMORE	
21. SIGNATURE OF FUNERAL SERVI	CE UCENSEE	ÁD)	22. NAME AND ADDRESS OF 6010 REISTER			
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR A DUE TO (OR A C.	A CONSEQUENCE OF:	arrend.	disease	۷,	Onset and Dec
PART II. Other algolificant con	ditions contributing to deet	n but not reaulting in t	he underlying cause given	in Part I. 24a. WAS AN A PERFORN 1 YES 2 [ED?	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC	HOSPITAL:		26. PLACE OF OEATH			
EXAMINER?			□ Nursing Home 6 Residence F 28c. INJURY AT	28d, DESCRIBE HOW IN	JURY OCCURED	
EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH	26a. DATE OF INJUR					
1 TYES 2 NO	26e. DATE OF INJUR (Month, Day, Yea ation	r) INJUR	WORK? M 1 YES 2 NO	281. LOCATION (Street on City or Town, State)	nd Number or Rural R	oute Number,
1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investig 3 Suicide 8 Could reserved 4 Homicide CERTIFEIR (Check only)	28e. DATE OF INJUR (Month, Dey, Yea setion tot be ned 28e. PLACE OF INJU building, etc. (S	r) INJURY IRY — Al home, farm, stre- pocify) nowledge, death occurred a	WORK? M 1 YES 2 NO et, factory, office at the time, date and place, and of	City or Town, State)	ner as stated.	
1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investig 3 Suicide 8 Could r 4 Homicide 8 Could r (Check only one) 2 MEDICAL EX 29b. SIGNATURE AND TITLE OF CE	26s. DATE OF INJUR (Month, Dey, Yea atton tot be ned 28e. PLACE OF INJUR building, etc. (S PHYSICIAN: To the best of my kr AMINER: On the beste of examine	injuri	WORK? 1 YES 2 No et, factory, office at the time, date and place, and cin my opinion, death occurred et to	City or lown, State) fue to the cause(e) and mann the time, date and place, and #UMBER:	dua to the cause(e)	and manner as stated. (Month, Day, Year)

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-2014 and 10 the companied by the hospital or attending physicial programment.	dis after death. Page 6 may be retained by the hospital or attending physicial in both the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of
10 THE FUNERAL UNEXLUCY: After this certificate has been signed by the authoring physician and composery med in by the princial indextup. Fage because his as the burnary be filled within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burlal, certation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	noust be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

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3 Sulcide 4 Homicide 8 Could not be determined 298. PLACE OF INJURY — At home, farm, street, factory, office 299. CERTIFIER (Check only one) 299. CERTIFIER (Check only one) 299. SIGNATURE AND TITLE IN CERTIFIER 290. DATE SIGNED (Month, Day, Year) 290. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Plint) 290. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Plint) 290. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Plint) 290. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Plint) 290. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Plint) 290. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Plint) 291. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Plint) 292. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Plint) 293. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Plint) 294. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Plint) 295. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Plint) 296. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Plint) 297. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Plint) 298. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Plint) 299. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Plint) 290. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Plint) 290. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Plint) 290. SIGNATURE AND ADDRESS OF PERSO		1 Natural 5						W	ORK?	□ NO	28d. DEŞC	RIBE HOW	INJURY O	CCURED	
296. SIGNATURE AND INTERPOLATION OF PERSON WHO COMPLETED CAUSE OF DEATHNITEM 27) (Type, PAPI) ROSS C. DONETHWER, M.D. JOHNS Hopkins Ouc. Ct. Balkingsuy, MD 21205		3 Suicide 8	Could not be			ome, farm,	street, fac	etory, offi	ca .					er or Rural	Route Number,
296. SIGNATURE AND THE PERSON WHO COMPLETED CAUSE OF DEATTH ITEM 27) (Type, PART) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATTH ITEM 27) (Type, PART) ROSS C. DONETH WER, M.D. JOHNS Hopkins Ouc. Ct. Balkingsun, MD 21205	PLE		TIFYING PHYS	SICIAN: To the best of	of my knowledge, de	eth occur	red at the	time, dat	end plac	e, end due	to the cause	e(e) end ma	nner as st	ated.	
296. SIGNATURE AND THE PERSON WHO COMPLETED CAUSE OF DEATTH ITEM 27) (Type, PART) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATTH ITEM 27) (Type, PART) ROSS C. DONETH WER, M.D. JOHNS Hopkins Ouc. Ct. Balkingsun, MD 21205	OM	anal .	HCAL EXAMINE	ER: On the basic of	examination end/or	Investigati	on, in my	opinion,	death occu	red at the	time, date e	nd place, e	nd due to	the cause	e) end menner as stated.
ROSS C. DONEHOWER, M.D. JOHNS Hopkins Onc. Ctv. Baltimon, MD 21205	8	29b. SIGNATURE AND TITLE	COU	leous	lus	8			29c, LIC	ENSE NU	MBER 7		29d. DA	TE SIGNE	7 1991)
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	7	ROSS C. DO	NET U	WER, M.D	USE OF DEATHLITE	M 27) (Type	Har	kùn	201	0.0	tv.	Bal	bru	aw.	MD 21205
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Julia Davidson-Randale.		31. DATE FILED (Month, Day,		32. REGISTR	AR'S SIGNATURE	Bond	SE.	٠,	- 41						

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MINISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a sours after death. Page 6 may be retained by the hospital or attending	NS Ce	ours after death with the State Dept. of Health and Mental Hygiene prior to build, cremation, or removal.
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		1 - STATE OF MAR STATE OF MAR	YLAND / DEPART CERTIFI	TMENT OF H		NTAL HYGIENE REG. NO.	91	0 28523
		1. DECEDENT'S NAME (First, Middle, Lest) Walter Lewis Stova			J.	DATE OF DEATH	5,1990	3. TIME OF GEATH M
10		185-03-0654 ¹Ճм₂□ғ	GE (in yrs. lest birthday) 74 YRS.	IF UNDER 1 YEAR MONTHS DAYS	MOURS MIN	DATE OF BIRTH (Month, Day, Year) 11y 1,19	C	IRTHPLACE (State or Foreign ountry) .rginia
2, 3 should	OR	9e. FACILITY NAME (If not institution, give street and number) 728 Falls Road		9b. CITY, TOWN O	R LOCATION OF DEATH		Balti	
Pages 1, 2,	DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	10c. CITY	, TOWN OR LOCAT	ION			10d. INSIDE CITY
E. single		PA York 10s. STREET AND NUMBER	S	hrewsbu	Iry ZIP CODE			1 X YES 2 NO
	ERAL	225 N. Main Street		-	L7361		U.S.	A.
ing the the	BY FUNER	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS OECEDENT EVER FORCES? 1 YES, GIVE WAR O	ES 2 NO		ENDENT OF HISPANIC Cools, Cuben, Mexican, Pt 2 NO Specify:			RACE — American Indien, Black, White, atc. Specify: White
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by the hospit be detached at once.	OM	17. FATHER'S NAME (First, Middle, Last)	Labore	T	18. MOTHER'S NAME (First, Middle, Meiden S	Surname)	
	BE	Samuel Stovall				C. Crot		
y be retained thank age 5 should be notified	70	19a INFORMANT'S NAME (Type/Print) Lida Almeda Stovall	225 N	. Main	St., Shi	rewsbury	, PA	17361
e 6 may ector, pa must b		20e. METHOD OF DISPOSITION 1.23 Buriel 2 Cremetion 3 Removal from State 4 Denetion	Pine Gro				ckton,	
death. Pag e funeral dir ii. examiner		21. SIGNATURE OF PHIERAL SERVICE LICENSES	'n	J.J.	Hartenst	ein Mor	tuarv	
ted within cours after di completely filled in by the f fal, cremation, or removal.		23. PART I. Egter the diseases, or complications that cause of shock, or heart failure. List only one cause of immediate Cause Final disease or condition resulting in death)	ased the death. Do not not not not not not not not not no	ot enter the mod				Approximate Interval Between Onset and Death
executed n and com to burial, imatic ev	ATION	Sequentially list conditions	AS A CONSEQUENCE OF	50				
th certification physiene por other	CERTIFICATION	CAUSE (Disease or Injury	AS A CONSEQUENCE OF	n:				
law requires that the death as been signed by the atter bept. of Health and Mental 23 shows any Injury, o	MEDICAL C	PART II. Other significant conditions contributing to deal	th but not resulting l	n the underlying	g couse given in Par	24a. WAS AN A PERFORM	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
has been Dept. of I								1 NES 2 NO
SICIAN: The certificate har the State D	PHYSICIAN:	25. WAS CASE OF FROND TO MEDICAL EXAMPLE 1 2 NO 1 Inpetient 2 ERA 1 Inpetient 2 ERA	Outpatient 3 DOA	OTHER:	ACE OF DEATH (Check of			
The with	ву рну	27. MANNED OF DEATH 28s. DATE OF INJU (Month, Day, Ye) Accident investigation	JRY 28b. TIMI INJI	E OF 28c. INJI		d. DESCRIBE HOW IN	IJURY OCCURE	D
OR ATTENDING F DIRECTOR: After hours after death	ED		JURY — At home, farm, s (Specify)	street, factory, office	28	I. LOCATION (Street e. City or Town, State)	nd Number or R	ural Route Number,
	COMPLET	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my k						use(e) and framer as stated.
TO THE HOSPI TO THE FUNEF be filed within	TO BE	296. SUGNISTURE AND TITLE OF CONTIFIER WHITE AND THE OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF CONTIFIER OF C	unell	un	29c. LICENSE NUMBER	383	P / C	10 190
		31. DATE FILED (Month, Day, Year) 32. REGISTRAST'S S	DONN	Print) [P://1]	71)-75	0/2/	180	son and
		OCT 1 8 1990 Julia Devidor	-findall			/		4204

1. DECEDENT'S NAME (First,										2. DATE O	F DEATH	v	YEAR	3. TIME OF DEATN
Lillia	n T.	Skepton	1							Oct.	16,	1990	TEAR	11:20 P. M
4. SOCIAL SECURITY NUMB 212-22-3122		5. SEX	8. AGE (In yrs. lest	birthday)	IF UNDI	DAYS	IF UNDER	24 HRS. MIN.	7. DATE C	E BIRTH 20, 19]	ıĸ	8. BIRTH	PLACE (State or Foreign y) yland
90. FACILITY NAME (If not in		reet and number)		1+		9b. CIT	LY. TOWN	OR LOCATI	ON OF DE		2092/		NTY OF D	
5169 Terrac	e Driv					Baltimore Cou								more Co.
RESIDENCE OF DEC	10b. COUNTY	,			10c. CIT	Y, TOWN	OR LOC	ATION						10d. INSIDE CITY
Maryland		e=0			Bal	tim	ore							LIMITS?
10s. STREET AND NUMBER							1	of. ZIP COD	Ε			10g. CIT	IZEN OF V	VHAT COUNTRY?
104 S. Dur	ham St	reet						212	31			U.S	5.A.	
11. MARITAL BTATUS		12. WAS DECEDEN				13		ECENDENT ((Specify Yea	or No-		— American Indien, k, White, etc.
1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE						S 2 KNO			icani, atc.)		Spec	
15. DEC	EDENT'S EDU	CATION completed)		16a. OE	CEDENT'S	USUAL work don	OCCUPAT	TION nost of worki	na	16b.	KIND OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (0		College (1-4 or 5	+)		Do NOT u					Bu	tton N	lfgr.		
17. FATHER'S NAME (First, M	iddle, Last)							18. MOT	HER'S NA	ME (First, M	liddle, Melden	Surneme)		
Joseph		k								agdal		Saj		
Theresa Ske											or, City or Town			
20a, METNOD OF DISPOSIT 1 Description Description 2 Other		oval from State	201 N	other place	of dispo	Vet	Name of a	emetery, cre 15 Cel	metory or netel	y		CATION —	-	wn, Btete e, Maryland
21. SIGNATURE OF FUNERAL George	mel a.	Weble Cor	le In	-y-))	2:	Geo	rge .	A. We	ber	& Sons	Inc	Md.	21231
23. PART i. Enter the d						not ent	er tha n	node of dy	ing, auc	h aa card	lac or reapl	retory ar	reat,	Approximate
ahock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in dasth)		List only one car	L.	All	ad.	de		Car	cer					Intarval Between Onset and Death
MIRRORN, JESS		WX OUE TO	OR AS	A CÓNSE	OUENCE O	2c	di.	Han	4	me	tast	ase	5	
Sequentially list condit if any, leading to imme cause. Enter UNDERLY	diate ING	DUE TO	OR AS	A CONSE	DUENCE O	NF):							-	
CAUSE (Disease or injuthat initiated eventa resulting in death) LAS		OUE TO	OR AS	A CONSE	OUENCE O	NF):								
/		d												+
PART II. Other algnifice	ent condition	a contributing to	death l	but not r	eauiting	in the	underly	ing cause	given in	Part i.	240. WAS AN		248	. WERE AUTOPSY FINDINGS
											PERFOR		1	AVAILABLE PRIOR TO COMPLETION DF CAUSE
														DF DEATH? 1 YES 2 NO
										_				
25. WAS CASE REFERRED T	O MEDICAL						26.	PLACE OF	DEATH (C)	eck only on	e)			
EXAMINER?		HOSPITAL:	☐ ER/Out	patient 1	□ DOA	OTH.	ER:	ome 5 F						
27. MANNER, OF DEATH	Pending	28e. DATE O			26b. TIR	1	28c. I	NJURY AT			CRIBE NOW I	NJURY O	CURED	
2 Accident 3 Suicide 6	Investigation Could not be	28e. PLACE building	OF INJUR	Y — At ho	ome, farm,	street, f		YES 2	NO		ATION (Street or Town, State)		or or Rural	Route Number,
4 Homicide	determined										, , , , , , , , ,			
one)		ICIAN: To the best of												e) end manner ee stated.
29b. SIGNATURE AND TITLE	OF CERTIFIE	R	m	M)		1	10	29c. LI	ENSE NU	MBER 94	9	29d. OA	TE SIGNE	(Month, Day, Year)
20. NAME AND ACCRESS OF Panayiotis	F PERSON WI Baltat	3. /					n Av	re. B.	alto	. Co.	Md.	2122	L	. , , , , , ,
31. DATE FILED (Month, Dov. OCT 18 19		Julia David	AR'S SIG		2									
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SS	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director are standard than	thin	TYANT If ion 28 is marked or lies 23 shows any injury or other traumatic event, the medical examiner must be notified at one
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	FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	90	28525
	1. DECEDENT'S NAME (First, Middle, Last) Albert W. Spar	row, Jr.			2. DATE OF DEATH	90	SAOPH M
		1 XX 2 □ F 88	YRS.	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH	New Y	York
TOR	St. Agnes Hosp	oital .	9	_Baltimore_	EATH E.	M. ATY OF BEA	
DIRECTOR	MD Bal	timore	1: ^ 1	OWN OR LUCATION		100	I. INSIDE CITY LIMITS? ES 2 XXIO
FUNERAL	2 Somerset Roa			21228		USA	
E	11. MARITAL STATUS 1 Never Married 2 Married **Wildowed 4 Divorced	FORCES? X VEY YES IF YES, GIVE WAR OR DAT	U.S. ARMED 2 NO ES	13. WAS DECENDER: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Specif,	American Indian, hita, atc.
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ompleted) College (1-4 or 5+)		done during most of working attred.)	16b. KIND OF BUSINESS/		
돌	unkhow	n s	urety b	ond underwri			<u>eposit C</u> o
	17. FATHER'S NAME (First, Middle, Last) Albert W. Spar	row Sr			ME (First, Middle, Malden Surname ce Butts	9)	
8	19a, INFORMANT'S NAME (Type/Print)	10w, 51.	10h MAII ING A	DEALET OORESS (Street and Number or Rural		Zin Code)	
2	Albert W. Spar	row. III		Lake Drive/H			
	20a. METHOD OF DISPOSITION 1	20b.	PLACE OF DISPOSITI	ON (Name of cemetery, cremetory or	20c. LOCATION	— City or Town,	
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	Greenmo	unt Cremator 122. NAME AND ADDRESS OF FA	ICILITY	,	
	· Kolemy /	tast 1	5	Sterling As 736 Edmonds	on Ave/Balt	O. MD	
	23. PART I. Enter the diseeees, or co	mplicatione that caused	the deeth. Do not	enter the mode of dying, suc	th ee cerdiac or respiratory	errest,	Approximete Interval Between
	IMMEDIATE CAUSE (Final						Oneet end Deeth
	diseese or condition reculting in death)	MI					
			CONSEQUENCE OF):				{
8	Sequentially ilet conditione, b.	Seps.3	CONSEQUENCE OF):	res spenos	is servel	V	
Ě	If any, leading to immediate ceuse. Enter UNDERLYING				Dif	media	
드	CAUSE (Diseese or Injury C.	OUE TO (OR AS A	CONSEQUENCE OF):				
CERTIFICATION	that initiated events resulting in death) LAST		*	ignoist di	certiculum	.	
·	PART II. Other significant conditions	contributing to deeth bu	rt not resulting in	the underlying ceuse given in	Part I. 24a, WAS AN AUTOP	SY 24b. WE	RE AUTOPSY FINDINGS
S	Aortz s	tenos.	1 LLV	Sunction	PERFORMEO?	CC	AILABLE PRIOR TO IMPLETION OF CAUSE
PHYSICIAN: MEDICAL	Preum	anra a	Sector	enr.		"	DEATH?
CIAN		HOSPJTAL:		26. PLACE OF DEATH (C)	heck only one)		
YSI		1 Inpatient 2 - ER/Outpu	itlant 3 DOA 4	☐ Nursing Homa 5 ☐ Rasidence			
ВУ РН	27. MANNER OP DEATH 1 Neturel 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME		28d. DEŞCRIBE HOW INJURY	OCCURED	
	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, atc. (Speci	— At home, farm, str	et, factory, offica	261. LOCATION (Street and Nun City or Town, State)	nber or Rural Rout	e Number,
COMPLETED	(Oriota Orii)	THE SHAPE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE P		at the time, data and place, and durin my opinion, death occured at the			nd manner sa stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	~ MO		29c. LICENSE NU	29d.	DATE SIGNED M	onth, Day, Year)
۳	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, P	or Cctu /	Auc Rel	+ M	
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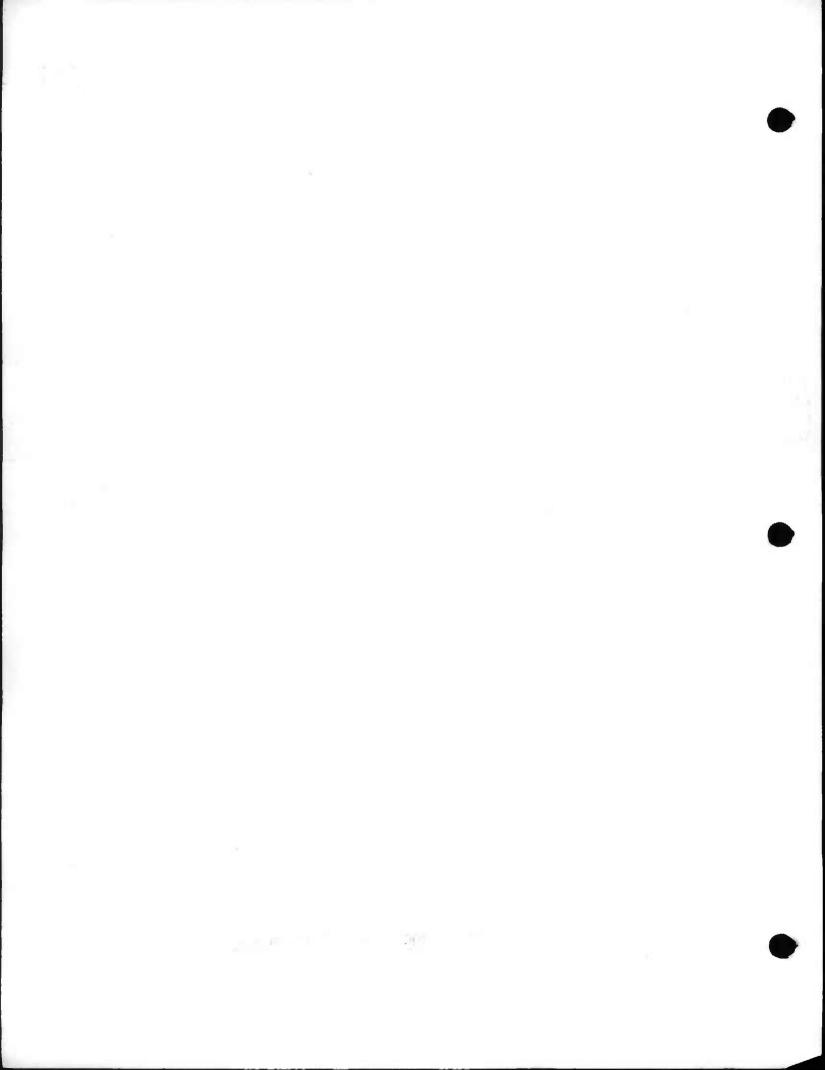
32. REGISTRAR'S SIGNATURE OCT 1 8 1990

Julia Tavidson Pandere

Year)

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DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146

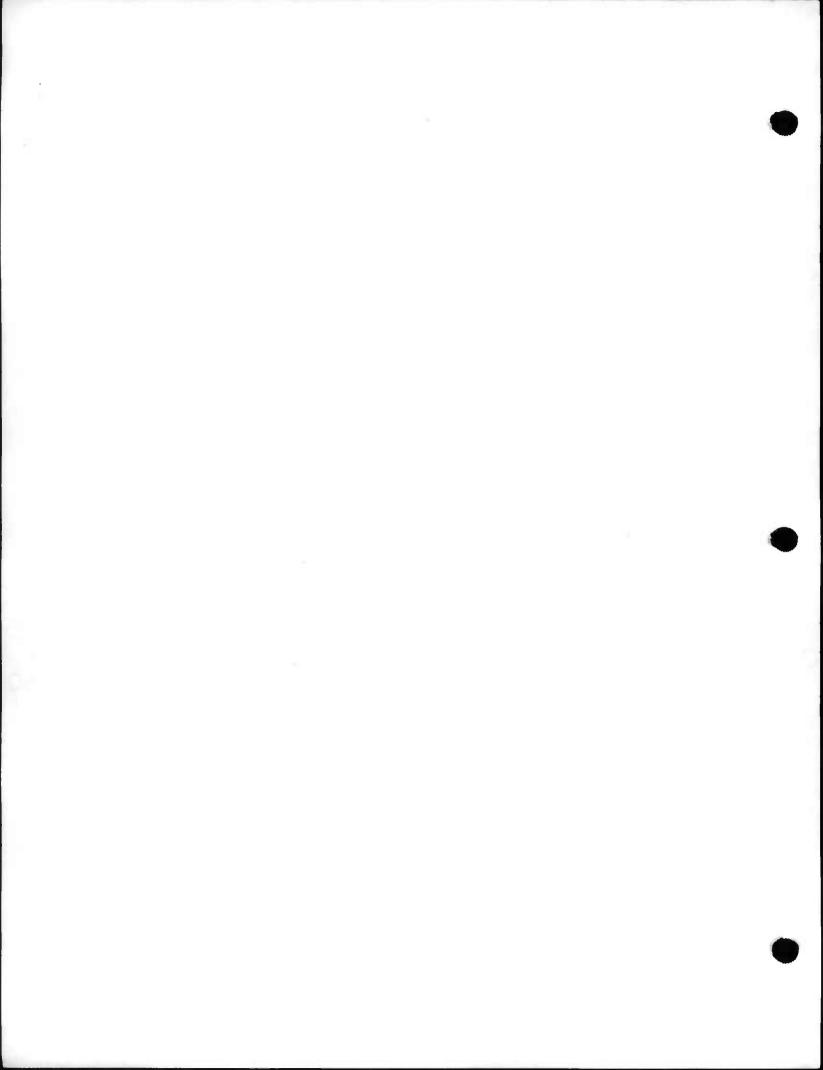
TO THE HOSPITAL DR ATTENDING PHYSICIA TO THE FUNERAL DIRECTOR: After this certibe filed within 72 hours after death with the IMPORTANT: If item 28 is marked, or

		CERTIF	RTMENT OF I	DEATH	REG. NO		20	2852	_ [
1. DECEDENT'S NAME (First, Middle, Last)	Thomas				2. DATE OF DEATH DO DO DO DO DO DO DO DO DO DO DO DO DO		YEAR	3. TIME OF DEATH	P
4. SOCIAL SECURITY NUMBER 5		E (In yrs. last birthday)) IF UNDER 1 YEAR	IF UNDER 24 HRS.	9 28 7. DATE OF BIRTH	-		PLACE (State or Foreig	-
1	2 M 2 □ F	O YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	90	Country	aryland	A
9s. FACILITY NAME (If not institution, give street UNIV- OF MARY	t and number)	PITAL		OR LOCATION OF DI	EATH	9c. COUN	TY OF DE		
RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY		10c. CI	ITY, TOWN OR LOCA					10d. INSIDE CITY LIMITS?	_
10e. STREET AND NUMBER			10	H. ZIP CODE		10g. CITIZ	EN OF W	1 YES 2 NO	,
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, s	CENDENT OF HISPAI pecify Cuban, Mexica S 2 NO Specif	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	n or No—	Black	— American Indian, , Whits, sic. VBlack	
15. DECEOENT'S EDUCAT (Specify only highest grade cor Elementery/Secondery (0-12)		16a. DECEDENT' (Give kind o life. Do NOT	'S USUAL OCCUPATI If work done during m use retired.)	ON ost of working	18b, KIND OF BU	SINESS/INOL	USTRY		
17. FATHER'S NAME (First, Middle, Lest)					ME (First, Middle, Maiden				
19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	NG ADDRESS (Street		Route Number, City or Tow		Code)		_
20a. METHOD OF OISPOSITION 1	ni from State - State 16	other place)	OSITION (Name of ce	emetery, crematory or	20c. LC	CATION — C	City or To	wn, Siats	
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30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) S. GUPTA, MI), UNIV. OF MD HOST

MD

HOSPITAL, DIV OF NEON ATOLOGY, BALTIMON



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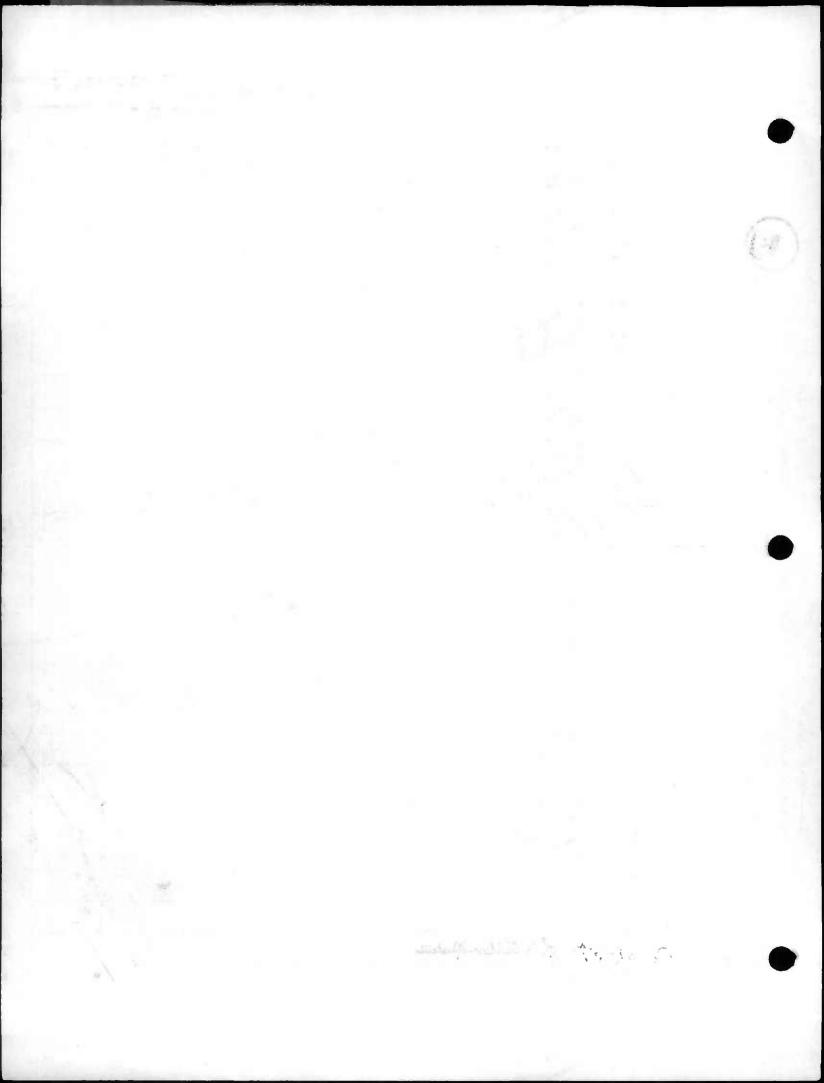
FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL STATE 19 0 28527

REGISTRAR		CE	RTIF	ICATE OF	DEATH	7			
1. DECEDENT'S NAME (First, Middle, Last)	OBERT TA	YLOR				2. DATE OF	DEATH DAY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t histodays	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	13, 199		10:31 P
217-01-0641	1 🔯 M 2 🗆 F	71	YRS.	MONTHS DAYS	HOURS MIN.	SEPT	9,1919	Count	MARYLAND
SINAI HOSPITAL RESIDENCE OF DECEDENT	street and number)				BALTIMIO		9c. CO	UNTY OF E	DEATH
10b. COUNT MARYLAND	Y		10c. CIT	Y, TOWN OR LOCA BALTI					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
00. STREET AND NUMBER	ч.				f. ZIP CODE		10g. CI		WHAT COUNTRY?
3601 CLARKS LA.					212			USA	
1. MARITAL STATUS Never Married 2 Married Widowed 4 Divorced	12. WAS DECEDENT FORCES? X IF YES, GIVE W	YES 2 NAR OR DATES	MED (O	If yes, s	cendent of HISPAI pecify Cuben, Mexica 3 2 NO Specif	in, Puerto Rica		Spec	E — American Indian, k, White, etc. ://y: WHTTE
15, DECEDENT'S EDU (Specify only highest grad	CATION	16a, DE	CEDENT'S	USUAL OCCUPATI	ON not of working	16b. KII	OF BUSINESS/II		MILLE
Elementary/Secondary (0-12)	College (1-4 or 5+		BRO!	ee retired.)			INSURA	NCE	
7. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Midd	le, Maiden Surname))	
	TAYLOR				REBEC		UBENSTE		
MRS. IRENE TAYL	OR				LA., APT		BALTO.		21215
DA, METHOD OF DISPOSITION	A CONTRACTOR OF THE PROPERTY OF	20b. PLACE	OF DISPOS		metery, cremetory or		20c. LOCATION -	- City or To	own, State
X Buriel 2 ☐ Cremation 3 ☐ Ren ☐ Donation 5 ☐ Other (Specify)	noval from State	other pl		ORE HEBE	EW		BALTI	MORE	MD
SIGNATURE OF FUNERAL SERVICE U	CENSER TO	1			ND ADDRESS OF FA				
Sequentially list conditions, f sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury hat initiated events esuiting in death) LAST	b. Chyn DUE TO C. SMA	OR AS A CONSEI OR AS A CONSEI UR BAVE OR AS A CONSEI	tricti	se Ling	Diseas	C			30Mi
PART II. Other significant condition	ns contributing to	death but not i	resulting	in the underlyin	g cause given in		a. WAS AN AUTOPS PERFORMED?	Y 24	b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
5. WAS CASE REFERRED TO MEDICAL				26. F	LACE OF DEATH (C)	neck only one)			
1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER: 4 Nursing Ho	ne 5 🗆 Residence	6 Other (S	pecify)		
7. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF (Month, De		28b. Till IN.	JURY W	JURY AT ORK? YES 2 NO	26d. DEŞCR	IBE HOW INJURY O	CCURED	
3 Suicide 6 Could not be determined	28e. PLACE O building,	F INJURY — At ho etc. (Specify)	ome, ferm,	street, factory, offi	20		ON (Street and Numb lown, State)	ber or Rural	Route Number,
contain oray	BICIAN: To the best of si								(s) end manner as stated
DIS. SIGNATURE AND TITLE OF CERTIFIE	in MD				29c. LICENSE NU AT414	MBER 7529	RK90 >	ATE SIGNE	D (Month, Day, Year)
RAN S KIM,	M.D. 16	20 Mc	M 27) (Type	RRY S	T. BA	LIMON	RE MI)	2/205
OCT 1 8 1990	Julia David	R'S SIGNATURE	M				/		



PHYSICIAN:

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IMPORTANT: If Item THE FUNERAL D

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or attending physician.	Me for use as the bunal-transit permit.		
		1	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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NG PH	fter thi	eath w	mark
TENDI	TOR: A	of the	S 18
. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mours after death. Page 6 may be removed	DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral directors.	hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	item 2

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BALTIMORE, M

28528 90 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 2. OATE OF OEATH MONTH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH Donald Thomas 1990 Eugene 10-3:15 A 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) 6. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. MONTHS DAYS HOURS MIN 1 N 2 F YRS. 213-28-1912 59 9-5-193 CUmberland. Md. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1908 Ewald Ave. DUndalk BAltimore 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Md. 1 TES 2 NO Baltimore Dundalk, Md 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 101, ZIP CODE 1908 Ewald Ave 21222 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Maxican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, Whita, atc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married 1 TYES 2 XNO Specify: Specify: BΥ 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elamentary/Secondary (0-12) College (1-4 or 5+) High School Bethlehem Steel Retired 17. FATHER'S NAME (First, Middle, Lest) 16. MOTHER'S NAME (First Middle Maider Surname) James Thomas BE Dora 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Dorothy Thomas 1908 Ewald Ave. Dundalk Md 21222 20c. LOCATION — City or Town, State 20a. METHOD OF OISPOSITION
1 ➡ Burlal 2 □ Cremation 3 □ Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 1 Donation 5 Other (Specify) Moreland Memorial PArk BAltimore, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSÉE 22. NAME AND ADDRESS OF FACILITY Bradley-Ashton Funeral Home, Inc. 2134 Willow Spring Rd. Dundalk Mdf 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate Interval Between ahock, or heart feliure. List only one cause on each line. Onset and Death IMMEDIATE CAUSE (Finel disease or condition_ Whole 3MUNZ resulting in desth) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initisted events DUE TO (OR AS A CONSEQUENCE OF): reaulting in deeth) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO

			1 TYES 2 NO				
25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C/	heck only one)				
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA	OTHER: 4 - Nursing Home 5 - Residence	OTHER: ☐ Nursing Home 5 Residence 6 ☐ Other (Specify)				
27, MANNER OF DEATH Natural 5 Pending 2 Accident investigation	28a. DATE OF INJURY (Month, Day, Year) 26b. TII	ME OF NJURY AT WORK? M 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCURED				
3 Suicide 6 Could not be	26e. PLACE OF INJURY — At home, farm, building, etc. (Specify)	, street, factory, office	26t. LOCATION (Street and Number or Rural Route Number, City or Town, State)				

29a. CERTIFIER (Check only	T)	CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and manner as stated.
one)	2	MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as structured at the time, data and place, and due to the cause(s) and manner as structured at the time, data and place, and due to the cause(s) and manner as structured at the time, data and place, and due to the cause(s) and manner as structured at the time, data and place, and due to the cause(s) and manner as structured at the time, data and place, and due to the cause(s) and manner as structured at the time, data and place, and due to the cause(s) and manner as structured at the time, data and place, and due to the cause(s) and manner as structured at the time, data and place are the cause(s) and manner as structured at the time, data and place are the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) and the cause(s) are the cause(s) and the cause(s) are the cause(s) and the cause(s) are the cause(s) and the cause(s) are the cause(s) and the cause(s) are the cause(s) are the cause(s) and the cause(s) are the cause(s) are the cause(s) are the cause(s) are the cause(s) are the cause(s) are the cause(s) are the cause(s) are the cause(s) are the cause(s) are the cause(s) are the cause(s) are the cause(s) are the cause(s) are the cause(s) are the cause(s) are the cause(s) are the cause(s) are the cause(s) are the cause(s) are the cause(s) are the cause(s) are the cause(s) are the cause(s) are the cause(s) are the cause(s) are the cause(s) are the cause(s) are the cause(s) are the cause(s) are the cause(s) are the cause(s) are the cause(s) are the cause(s) are the cause(s) are the cause(s) are the cause(s) are the cause(s) are the cause(s) are the cause(s) are the cause(s) are the cause(s) are the cause(s) are the cause(s) are the cause(s) are the cause(s) are the cause(s) are the cause(s) are the cause(s) are the cause(s) are the cause(s) are the cause(s) are the cause(s) are the cause(s) are the cause(s) are the cause(s) ar

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SIGNATURE AND TITLE OF CERTIFIER ,	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
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hil	TAILL	PUFFEL	BILM	4441	Eure	OVE	BANT	W	2122

31. DATE FILED (Month) 32. ABBISTRAR'S SIGNATURE OF DEATH?

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1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO

	REGISTRAR	CERTIFIC	CATE OF	DEATH	RE	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) JANICE UNIT	ERMAN	4		2. DATE OF D MONTH	ED AND	YEAR 96	3. TIME OF DEATH	
	063-14-129 3 1□M2×F 74	YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		5/1915	8. BIRTHI Country RI	PLACE (State or Foreign USSIA	
TOR	9a. FACILITY NAME (If not institution, give street and number) 16 WARREN PARK DR., APT. A- RESIDENCE OF DECEMENT		b. CITY, TOWN	BALTI		9c. CO	BAI	EATH LTIMORE	
DIREC	100. STATE MARYLAND 100. COUNTY BALTIMORE	10c. CITY,	TOWN OR LOCAL ALTIMOR	TON E				10d. INSIDE CITY LIMITS? 1 YES 2XXNO	
VERAL	100. STREET AND NUMBER 16 WARREN PARK DR., APT. A-1		101. ZIP CODE 21208			1000	10g. CITIZEN OF WHAT COUNTRY? USA		
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 Never Married 4 Divorced 12. WAS DECEDENT EVER IN U.: FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE:	S. ARMED 2 X NO S	RMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:			14. RACE Black Specif	— American Indian, , White, etc.		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12	e. DECEDENT'S US (Give kind of wor He. Do NOT use i	SUAL OCCUPATION done during me retired.) USEWIFE	et of working		OF BUSINESS/IN	IDUSTRY		
×	17. FATHER'S NAME (First, Middle, Last)	no	OSEMILE	18. MOTHER'S NAI					
BE CC	UNKNOWN NELSON			U	NKNOWN	THE PERSON			
2	19a. INFORMANT'S NAME (Typo/Print)			ond Number or Rural F					
	Vi Surial 2 Cramation 3 Demonstrate 00	ACE OF DISPOSIT		netery, crematory or	TIMORE	20c. LOCATION -			
	4 Donation 6 Other (Specify)	BALTIMOR		W ND ADDRESS OF FA	CHITTY	REISTER	STOW	N, MD	
	· Jay Allay Levis		SOL	LEVINSO O REISTE	N & BRO			,MD 21215	
	23. PART I. Enter the diseases, or complications that caused the shock, or heart failure. List only one cause on each IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CO.	Cauca		da of dying, suci	h as cardiac	or reepiratory a	rrest,	Approximata Interval Between Onset and Death	
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	RUE TO (OR AS A CONSEQUENCE OF):							
ERTIFI	that initiated events resulting in death) LAST	DNSEQUENCE OF):							
MEDICAL CERTIFICATION	PART II. Other significant conditions contributing to death but Crokery IV to Disce		the underlyin	g cause given in		WAS AN AUTOPS: PERFORMED? YES 2 NO	f 24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL		26 B	LACE OF DEATH (Ch	eck only one)				
잃	EXAMINER? 1 YES 2 NO 1 Inpettent 2 ER/Outpette		OTHER:	ne 5 Residence		andh d			
PHYSICIAN: M	27. MANNER OF DEATH 1 Netural 5 Pending 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN	URY AT OAK?		BE HOW INJURY O	CCURED		
TED BY	2	At home, farm, str			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge one) 2 MEDICAL EXAMINER: On the basis of examination as							a) and manner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIER TO SEE SEE SEE SEE SEE SEE SEE SEE SEE SE			29c. LICENSE NUI		29d. D/		(Month, Day, Year)	
DT	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH Dr. Bruce Sindler			rd Ave.	Ва	lto.,	MD 2	1208	
	31. DATE FILED (Moret, Day, Year) 32. REGISTRAR'S SIGNATURE DAVID Sunday Davidson Ro								

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DIVISION OF VITAL RECORDS, F.O. BOA 13148,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be he filed within 72 hours after death with the State Bert, of Health and Mental Hodene brior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at
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90 28530 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH VAN WEZEL YEAR 90 Johanna AM 10 4. SOCIAL SECURITY NUMBER 6. AGE (In vrs. last birthday 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign 027-42-9389 05/2 1 🗆 M 2 🔀 F 79 DAYS HOURS WETHERLANDS 2 3 9a. FACILITY NAME (If not institution, give street and number)

GINGER COVE HEALT 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH CENTER ARUNDEZ ANNAPOLIS HEALTH ANNE DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION
AND POLIS 10a. STATE 10b. COUNTY 10d. INSIDE CITY Maryland Anne 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE Drive 4000 River Crescent 21401 NETHERLANDS 12. WAS DECEDENT EVER IN U.S. ADMED FORCES? 1 YES 2 NO 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Maxican, Puerto Rican, etc.)
 I YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. FORCES? 1 TYES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married WHITE BY 3 Widowed 4 Divorced ETED. 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Specify only (Give kind of work done life. Do NOT use retired.) ntary/Secondary (0-12) College (1-4 or 5+) House wife COMPL 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) AGATHA GER ARDUS ARNOLDINA PETRUS BE 19h, MAILING ADDRESS (Str. 19a. INFORMANT'S NAME (Type 2 BK.O'Ponnel 4000 Md 21401 Records rescent Dr 20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of ce Balt MATOMY Buriel 2 Cremation 3 Ran BOARP imore 4 Donalion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY STATE ANATOMY BRD. BALTO. MD. 4076 10 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heert fallure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disesse or condition DUE TO (OR AS A CONSEQUENCE OF): syroncelley resulting in death) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in desth) LAST

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 TYES 2 TO NO 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 YES 2 NO ng Home 5 - Residence 6 - Other (Specify) 4- Nun 28s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 27. MANNER OF DEATH 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigs 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 Homicide

29s. CERTIFIER
(Chack only 1) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

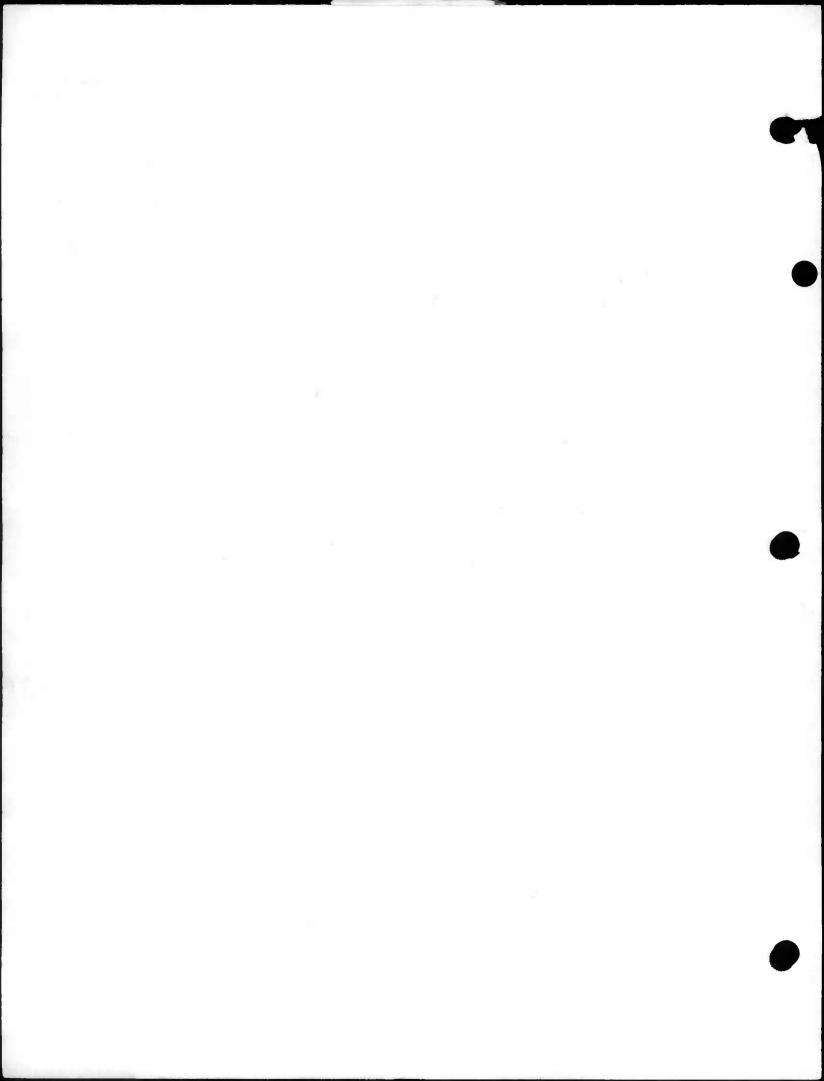
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Gelly of Reelina mis	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	7

8 1990

21401 MNMMONI MD31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE whia Davidson-Randon



FOR STATE REGISTRAR

William

1. DECEDENT'S NAME (First, Middle, Last)

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

		4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs.	last birthday)		MOER 1 YEAR	IF UNDER 24		7. DATE	OF BIRTH	1	B. BIRTHPLA	CE (State or Foreign
,		220-22-202	14	1 📉 M 2 🗆 F	61	YRS.	MON	THS DAYS	HOURS	MIN.	7/	5/29		Md.	
ninous c		90. FACILITY NAME (If not in	stitution, give s	treet and number)			9b.	CITY, TOWN C	OR LOCATION	OF OE	ATH		9c. COUNT	Y OF OEATH	1
, ,	OR	2122 Wicom		reet				Balt	imore	9				N/A	
<i>-</i>	ᇤ	RESIDENCE OF DEC	10b. COUNTY	1		10c. CI1	у, то	WN OR LOCAT	TION					100	I. INSIDE CITY
	DIRECTOR	Md.	ľ	I/A		Ba	lti	more							LIMITS?
Ē.	FUNERAL	10e. STREET AND NUMBER						101	. ZIP CODE				2,114	EN OF WHAT	COUNTRY?
1	Ä	2122 Wicomi	.co St.				_		212					SA	
uso as the war and all benime, reges	BY	11. MARITAL STATUS 1 Never Married 2 X 3 Widowed 4 Divo			YES 2 WAR OR DATES	NO NO		If yes, sp	ecify Cuban,		n, Puerto	SINY (Specify Yea or No— o Rican, etc.) 14. RACE — American Indien, Black, White, etc. Specify: White			
	ED		EDENT'S EDU		16a.			AL OCCUPATION			168	b. KIND OF BUS	SINESS/INDU	ISTRY	
2 48	COMPLET	Elementary/Secondary (0		College (1-4 or 5	+)	ilfe. Do NOT u	ise reti	ll Tru			s	elf-em	ploye	d.	
notified at once.	OM	17. FATHER'S NAME (First, M	liddle, Last)						16. MOTHE	ER'S NA	ME (First,	Middle, Melden	Surname)	1.0	
8 8	ш	William	A. Wi	lkinson,	Sr.				Do:	roth	ny E	ilers			
notified	8	19e. INFORMANT'S NAME (7)	Type/Print)			19b. MAILIN	G ADE	RESS (Street a	and Number o	or Rural F	Route Num	nber, City or Tow	n, State, Zip	Code)	
100	5	Betty L. K	eaton			725 U	net	tta Av	e., B	alto	٠., ا	Md. 2	1229		
must be		20e. METHOD OF DISPOSIT	ION	oval from State	20b. PLA	CE OF DISPO	SITIO	N (Name of cer	metery, creme	tory or		20c. LO	CATION — C	ity or Town,	State
N L		4 Donation 5 Dother	(Specify)				il	L Ceme				Gle	n Bur	nie,	Md.
d. examiner		21. SIGNATURE OF PUNETIA	L SERVICE LIC	ENSEED	1			22. NAME A				uneral	Home	g	
ex ex		1/0	A 1 A	2. 60	ulm	un		-				kridge			7
record into a record and control page femation. Or removal. Int, the medical examiner must be		23. PART Y Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eert fallfire. nal	e. Seizur	use on each	_{Ine.} rder		enter the mo	ode of dyln	ig, sucl	h as cer	rdiec pr reap	iratory arre	est,	Approximate Interval Between Onset and Deati
the attention physician and competery meet Mental Hygiene prior to burial, cremation, or njury, or other traumatic event, the me	ERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST b. Remote head injuries DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
of Health and	MEDICAL CE	PART II. Other algorifice	ent condition	ns contributing to	deeth but n	ot resulting	In th	ne underlyln	g ceuse gl	ven in	Part I.	24s. WAS AN PERFO	RMEO?	CO DF	FIRE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 \(\text{NO} \) NO
	AN	25. WAS CASE REFERRED T	O MEDICAL	1							4 . 4 .	<u> </u>			
State State	<u>S</u>	EXAMINER?	O MEDICAL	HOSPITAL:	C ====			HER:	LACE OF DE		,				
# # b	PHYSICIAN:	1 YES 2 NO		1 Inpatient 2		28b. TI	ME OF	Nursing Hon 28c, IN	JURY AT	ildence		SCRIBE HOW	INJURY OCC	URED	
S 4 6	- 1		Pending Investigation		Dey, Year) . 1985	II.	JURY	M 1	YES 21/2	NO		Subjec	rt fe	11 30%	vn stairs
deat ls m	D BY	2 D Politida	Could not be	28e. PLACE	OF INJURY — A	t home, farm,	stree	t, factory, offic	00		28f. LO	CATION (Street y or Town, State	and Number		
after 82	ш	4 Homicide	determined	Contain	unkn	own						nknown			
FUNERAL DIRECTOR: After or within 72 hours after death vITANT: If Item 28 is mark	OMPLET	one)		ER: On the basic of											id menner ee stated.
KIAN WEET	8	298. SIGNATURE AND TITLE	E OF CERTIFIE	R A	7				29c. LICEP	NSE NUI	MBER		29d. DATE	SIGNED (Mo	orith, Day, Year)
10 THE FUNERS be filed within 7 IMPORTANT:	TO BE	tul,	- ()	sill	, u	~				OCM	Œ		•	10/13	3/90
		Frank J. P					e, Prir		lll P∈	enn	St.		Balt	co.MD	SS
		31. DATE FILED (Month, Day), OCT 1 8	Year)		AR'S SIGNATU		ī								
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

Wilkinson, Jr.

2. DATE OF OEATH MONTH 10 1

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YEAR 90

28531

3. TIME OF DEATH

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BALTIMORE, MARYLAND 21203-3146	fter d	the oval.	9
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-	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 6 may be retained by the hospital or attending and	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	A AT	RECT ITS at	m 2
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	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYG		2	8532
	1. DECEDENT'S NAME (First, Middle, Last) 4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (1)	in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	2. DATE OF OEAT MONTH 7. DATE OF BIRT	DAY 9	BIRTHPLAC	IME OF OEATH CE (State or Foreign
	Se. FACILITY NAME (If not institution, give str SINAI Hospita	1 M 2 F	13 YAS.		HOURS MIN. OR LOCATION OF DE	ATH	9c. COUNTY	Country)	land
DIRECTOR	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY		L 40° CIZA	TOWN OR LOCA				Lau	Weins own
	MD.			Baltin					INSIDE CITY LIMITS? YES 2 NO
FUNERAL	5116 Pembrids	ge Avenue		10	21215		10g. CITIZEN	S.A	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	27 100	If yes, sp	encent of Hispan ecity, Suben, Mexica 2 NO Specify	n, Puerto Rican, et	ry Yes or No- 14.	Black, Wh	merican Indian, ita, etc. Black
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		18a. DECEOENT'S L (Give kind of w life. Do NOT use	JSUAL OCCUPATION done during months retired.)	ON at of working		eamstre		
_	37					ME (First, Middle, M	elden Surname) tis		
O BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)						21215		
	Michelle Kirk 20s. METHOD OF DISPOSITION	206	4975				c. LOCATION — City	or Town,	Stata
	1 67 Buriel 2 Cremetion 3 Removal from State Other place) Western Star Cem. Baltimore, MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY								
	· Noutha	Hector	#281	E.L.I	hillips	Funer	t 21	217	
	23. PART I. Enter the diseases, or contained to the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the	lst only one cause on e	hmia						Approximete Interval Between Onset and Desth
ATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING B. DUE TO LOR AS A CONSEQUENCE OF: HE OF TO LOR AS A CONSEQUENCE OF: HE OF TO LOR AS A CONSEQUENCE OF: HE OF TO LOR AS A CONSEQUENCE OF:								
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):							
MEDICAL	PART II. Other algnificent conditions	contributing to death b	ut not resulting l	n the underlyin	g ceuse given in	PI	AS AN AUTOPSY ERFORMED? ES 2 NO	AVA COI DF	ME AUTOPSY FINDINGS ILLABLE PRIOR TO IPLETION OF CAUSE DEATH? YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 PS 2 NO	HOSPITAL:		OTHER:	LACE OF DEATH (Ch				
PHYSICIAN:	27. MANNER DF DEATH	1 Inputient 2 ER/Outs 28a. DATE OF INJURY (Month, Day, Year)	26b. TIME	OF 28c. IN	JURY AT DRK?		HOW INJURY OCCU	RED	
B	1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	' — At home, farm, s	M 1		261. LOCATION (S City or Town,	Street and Number or State)	Rural Route	Number,
COMPLETED	anal	CIAN: To the best of my know							d manner as stated.
1296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER TO 2000						MBER	29d. DATE S	SIGNED (Mo	nth, Day, Year)
0	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print)	N++ -:	404	10	0 1	2-40
	BROCKINGTON (31. DATE FILED (Month, Day, Year)	132, REGISTRAR'S SIGN	8ter8to	un R	d#211	Ra	Ho.M	d. l	5
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IMPURIANT: II HEM 28 IS MATRED, OF HEM 23 SHOWS ANY INJURY, OF OURER DARMAIN. SPENIL, HE HEALT STATISTICS OF HOUSE OF HEM.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
	IMPURIANT: IT HEM 28 IS MARKED, OF HEM 25 SHOWS ANY INJURY, OF UTHER DANIMALIC EVENIT, HIS INDURED AND UTHER. TO THERE.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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U	STATE REGISTRAR
	HEGIOTHAN

TO BE COMPLETED BY FUNERAL DIRECTOR

2)					90 2	8533	
FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN REG. NO.	E		
1. DECEDENT'S NAME (First, Middle, Lest)	0			2. DATE OF DEATH BA		3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER	5. SEX SAGE	In yrs. lest birthday)	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	5 90	PLACE (State or Foreign	
220-14-709c	1 1 1 2 1 F		THS DAYS HOURS MIN.	(Month, Day, Year)	Country	ri)	
9e. FACILITY NAME (If not institution, give s	treet and number)	9b.	CITY, TOWN OR LOCATION OF E	DEATH	9c. COUNTY OF O	EATH	
RESIDENCE OF DECEDENT	RICHE	4 House	Dalto) -	<u></u>		
Md.		ACT	timore			10d. INSIDE CITY LIMITS? 1 V YES 2 ND	
10e. BTREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN OF W	HAT COUNTRY?	
401 E. 25th					U.S.A.		
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 YES	2 NO	13. WAS DECENDENT OF HISP/ If yes, specify Cuben, Mexic	an, Puerto Rican, etc.)	Black	— American Indian, , Whita, etc.	
3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 ☐ YES 2 👰 NO Spec	ify:	Specif	^h Black	
15. OECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S USU (Give kind of work	done during most of working	16b. KIND OF BUS	SINESS/INDUSTRY		
Elemantary/Secondary (0-12)	College (1-4 or 5+)	ilte. Do NOT use rei	rred.)				
17. FATHER'S NAME (First, Middle, Lest)			18. MOTHER'S N	AME (First, Middle, Maiden	Surname)	7	
19a, INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	ORESS (Street and Number or Rura	I Route Number, City or Town	n, State, Zip Code)		
20a. METHOD OF DISPOSITION 1	oval from State	other place)	N (Name of cemetery, cremetory or	20c. LO	CATION — City or To	wn, State	
21. SIGNATURE OF FUNERAL SERVICE LIG		10 17-90	22. NAME AND ADDRESS OF F		Balto	Md	
23. PART I. Enter the diseases, or						Approximate	
ahock, or heart failure. IMMEDIATE CAUSE (Finel	List Dnly one cause on e	each line.				Interval Between Onset and Death	
disease or condition resulting in deeth)	e						
	DUE TO (DR AS	A CONSEDUENCE OF):					
Sequentially list conditions, if eny, leading to immediate	DUE TO (DR AS	A CONSEDUENCE OF):					
cause. Enter UNDERLYING CAUSE (Disease or Injury	. Metas	CONSEDUENCE OF:	ain and s	KIn.		mo.	
that initiated events resulting in death) LAST	Carcir	1	ung			3rmas.	
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PART II. Other algnificant condition	e contributing to deeth i	out not reauting in t	ne underlying ceuse given i	PERFOR	RMED?	WERE AUTOPSY FINDINGS AVAILABLE PRIDR TO COMPLETION DF CAUSE	
				1 TYES 2	2 □ NO	DF DEATH?	
				_			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	l or	26. PLACE OF DEATH (C	Check only one)	1/ -:		
1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Out		Nursing Home 5 Residence	6 Other (Specify) 28d. OE\$CRIBE HOW	HOSKICE	J *	
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY		200. OEGONIBE NOW	indon's occured		
3 Suicide a Could not be 4 Homicide determined	28e. PLACE OF INJUR building, atc. (Spe	Y — At home, farm, streetely)	t, factory, office	261. LOCATION (Street City or Town, State)		Route Number,	
(Crieck only		_	t the time, date and place, and d			a) and manner as stated.	
296. SIGNATURE AND TITLE OF CENTIFIER) 290. LICENSE NUMBER 290. LICENSE NUMBER 290. DATE SIGNED (Month, Day, Year) 10-16-90.							
30. NAME AND ADDRESS OF PERSON WY	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Robert C. IVWIN M.D. 828 N. Eutaw St. Ralto. Md > 1201.						
31. DATE FILEO (Month, Day, Year) OCT 1 9 1990 32. REGISTRAR'S SIGNATURE Sikie Javidson-Randson							
101 ± 3 1230	Stance varidos	m-Manage				DHMH-16 Rev 1/89	

No INFO. AVAIL.

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

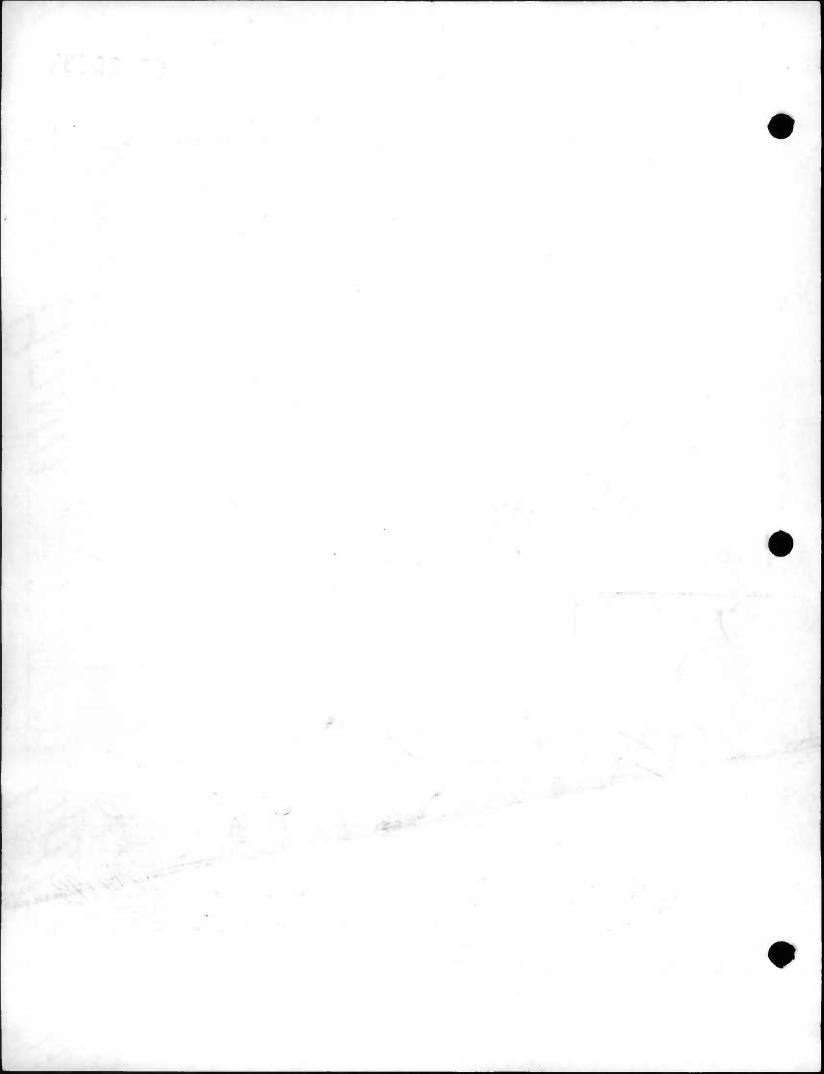
REGISTRAR	OIME OF I	C			F DEATH	MENTAL	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE O	F DEATH		3. TIME OF DEATH
ALFRED BERANG	ER					Carry	11he DAY		G=01-61301
SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	8 7 YRS.	IF UNDER 1 YES			F BIRTH Day, Year)	1/0!	BIRTHPLACE (State or Forei Country) M.D.
e. FACILITY NAME (If not inetitution, give a CONNELLY F.H.	300 MA	GE STRI	EET	9b. CITY, TOV	VN OR LOCATION OF D			9c. COUNTY	
esidence of decedent									
MD.				LTIMO					10d. INSIDE CITY LIMITS? 1 1 YES 2 N
11345 lot 44 P	ULASKY	HWY.			101. ZIP CODE			U.S.	A .
. MARITAL STATUS Never Merried 2 Merried Wildowed 4 Divorced		NT EVER IN U.S. A 1 YES 2 WAR OR DATES		If yes	DECENDENT OF HISPA , apocity Cuban, Mexic YES 2 NO Spec	can, Puerlo Ric		r No- 14.	RACE — American Indian Black, White, etc. Specify: WHITE
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5		DECEOENT'S I Give kind of w fe. Do NOT use	USUAL OCCUP rork done during e retired.)	PATION g most of working	16b. I	(IND OF BUSIN	NESS/INDUS	TRY
7. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S N	AME (Floor Mile	ddla Maidan Si	(mame)	
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					io. Morrieri 3 ii	erime (Froi, Min	odie, Weideri Ge	arramreny)	
e. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	ADDRESS (Str	eet and Number or Rura	al Route Numbe	r, City or Town,	State, Zip Co	ode)
De. METHOD OF DISPOSITION Burlel 2 Cremetion 3 Rem Donation 6 Doller (Specify)	STATE	other	E OF DISPOS place)		f cemetery, cremetory or		20c. LOCA	ITION — City	y or Town, Stata
3. PART Enter the diseases, of shock, or heart fellure. MMEDIATE CAUSE (Final lisease or condition esuiting in death)	complications the	at ceused tha cuse on asch lie	leath. Do n		mode of dying, su	ich as cardi	ac or respire	itory arrest	t, Approximat interval Bet Onset and i
sequentially list conditions, sny, leading to immediate suse. Enter UNDERLYING CAUSE (Disease or injury hat initiated events esulting in death) LAST	c	O (OR AS A CONS							
ART II. Other significant condition	a contributing to	o daath but not	t resulting i	n the under	lying cause givan I		24a. WAS AN A PERFORM 1 YES 2	IED?	24b. WERE AUTOPSY FINI AWAILABLE PRIOR TO COMPLETION OF CA OF DEATH?
									1 YES 2 NO
EXAMINER	HOSPITAL:			OTHER:	6. PLACE OF OEATH (
MANNER OF DEATH 1 Natural 5 Pending	28e. DATE O		28b. TIMI	E OF 280 URY	Home 5 Residence INJURY AT WORK? YES 2 NO		(Specify)	JURY OCCUP	REO
2 Accident Investigation 3 Suicide 6 Could not be datermined	28e. PLACE building	OF INJURY — At I	home, ferm, s			28f. LOCAT City of	TION (Street en Town, State)	d Number or	Rural Route Number,
DE. CERTIFIER (Check only one) 2 MEDICAL EXAMINE BOUNDINE AND ADDRESS OF PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPERTY OF THE PERSON WITH A PROPE	R: On the beele of	axamination end/o	or investigatio	n, in my opinio		he tima, date e	end place, end	due to the d	Course(e) and manner ee sta
DATE FILED (Month, Day, Year)	32 REGISTR	AR'S SIGNATURE	ander				1-1		21204

BALTIMORE, MARYLAND 21203-3146 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 fours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burner filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-18 Rev 1/89



DHMH-16 Rev 1/89

transit permit. Pages 1, 2, 3 should

FUNERAL DIRECTOR

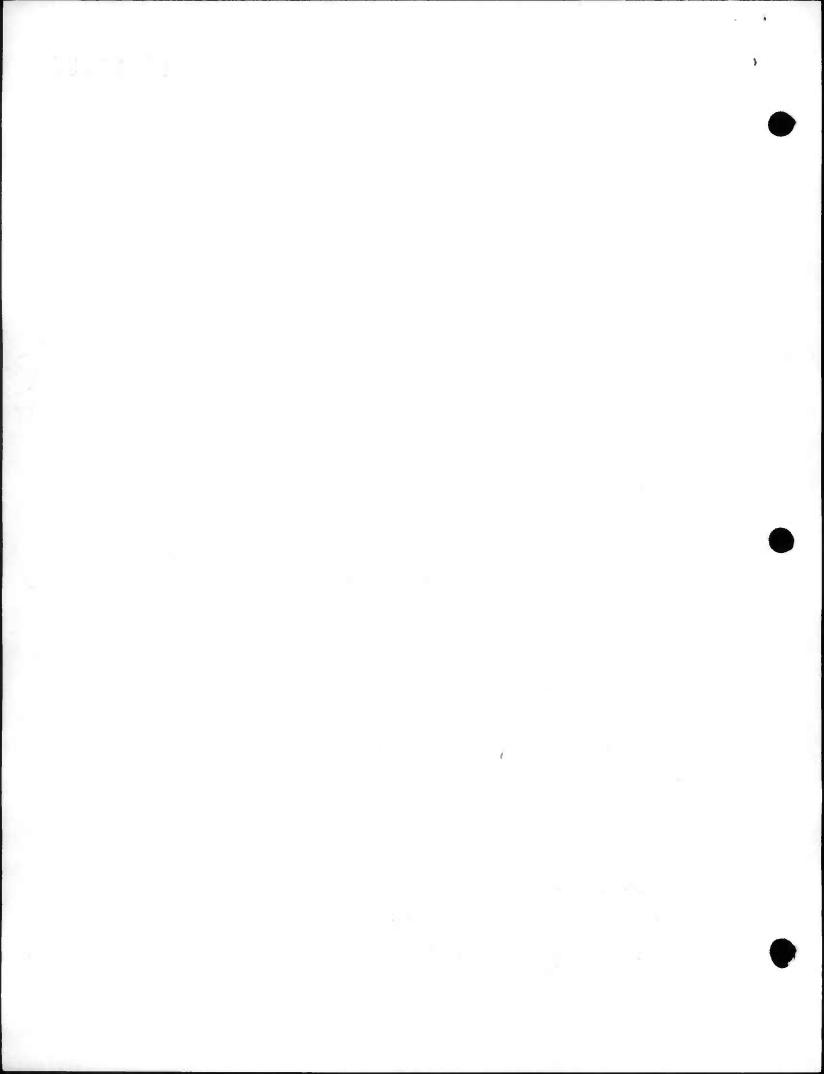
TO BE COMPL

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-mours after death. Page 6 may be retained by the houghst or THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA CERTIFIC			MENTAL HYGIENI REG. NO.	E		
1. DECEDENT'S NAME (First, Middle, Last)			7112 5		2. DATE OF DEATH		3. TIME OF DEATH	
Emma G. Brine	<u> </u>				10-18-90	Š ve	1:45 P. M	
4. SOCIAL SECURITY NUMBER		7.0	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIH.	7. DATE OF BIRTH (Month, Day, Year)	0. 5	BIRTHPLACE (State or Foreign Country)	
177-03-0651	1 🗌 M 2 💢 F	/ O YRS.			7-27-12		Country) Pennsylvania	
9e. FACILITY NAME (If not institution, give s		9/		OR LOCATION OF D	EATH	9c. COUNTY	of DEATH 1timore	
Saint Joseph's H	lospitai		TOws	on		באם	TTIMOTE	
10e. STATE 10b. COUNTY 10e. CITY, TOWN OR LOCATION 10d. INSIDE CITY								
MD. Baltimore 1 → VES 2 □ NO								
10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?								
3423 Orlando Ave	enue			212	.34		U.S.A.	
11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	N U.S. ARMED	13. WAS DE	CENDENT OF HISPA	ANIC ORIGIN? (Specify Yea	or No- 14.	RACE — American Indien, Black, White, etc.	
1 Never Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D		1 🗆 YE	S 2XXNO Speci	ean, Puerto Ricen, etc.) #y:		Specify: White	
15. DECEDENT'S EDU	ICATION	16e. DECEDENT'S US	ELIAL OCCUPA	TON	16b, KIND OF BUS	I PINESS/INDUST		
(Specify only highest grade Elementary/Secondary (0-12)		(Give kind of work life. Do NOT use n	rk done during n retired.)	lost of working				
10th Grade	Conside (1-4 or 3 +)	Nurse's	Aid		Church 1	Hosp. A	Aged Home	
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N	AME (First, Middle, Maiden	Sumame)		
Joseph Nore	tti							
t9a. INFORMANT'S NAME (Type/Print)					I Route Number, City or Town			
George J. Brine S	3r.	3423 0)rLanac	Ave. D	Baltimore,M			
20a. METHOD OF DISPOSITION 1 A Burlel 2 Cremetion 3 Rem	noval from State	b. PLACE OF DISPOSITI					or Town, State	
4 Donetion 5 Other (Specify)		Gardens o				ltimor	e, Ma.	
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE 1	1	22. NAME /	AND ADDRESS OF F	64		air Road	
Yathleen	IM. Thury	sky		C. Mille			e,Md21206	
23. PART I. Enter the diseases, or shock, or heart failure.	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each life.							
IMMEDIATE CAUSE (Fine)	A /	A .	0			٠	Onest and Death	
disease or condition resulting in death)	. arterios	water	Cerror	vary as	feryder	INI		
	DUE TO (OR AS /	A CONSEQUENCE OF)	1. 00	/	terydes			
Sequentielly list conditions,	b. Dra	A CONSEQUENCE OF):	rucu	lily				
If any, leading to immediate cause. Enter UNDERLYING	DOE TO (OR AS A	A CONSEQUENCE OF J.						
CAUSE (Diseese or injury that initiated events	C DUE TO (OR AS	A CONSEQUENCE OF):						
resulting in death) LAST	d							
DATE II Other significant condition	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		**				T	
PART II. Other significent condition					n Part I, 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
Crim	vacular	acce	Lan		1 _ YES 2	NO 🗆	OF DEATH?	
							1 TES 2 NO	
25. WAS CASE REFERRED TO MEDICAL			26	O' AGE OS DEATH #	Street and and		<u></u>	
EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C				
1 TYES 2 NO 27. MANNER OF DEATH	1 □ Inpatient 2 □ ER/Out	28b. TIME (OF 26c. II	NJURY AT	8 Other (Specify) 26d, DESCRIBE HOW I	INJURY OCCUP	ern .	
1 Netural 5 Pending	(Month, Day, Year)	INJUE	RY V	WORK?	2001 0 200			
2 Accident Investigation 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, fectory, office 28f. LOCATION (Street and Number or Rural Route Number,								
3 Suicide 6 Could not be building, atc. (Specify) City or Town, State)								
29a. CERTIFIER (Charle only 1 (CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end menner ee stated.								
(Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the cause(e) and menner ee stated.								
29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)								
Maria K	maleurle	_			1022		0-19-90	
30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, P	Print)		1-00-			
M-KowALOUSKI 8604 Horfordard 21234								
31. DATE FILED (Month, Day, Year)	31. DATE FILED (Month, Day, Year) 32. REGISTRAN'S SIGNATURE							
NCT 19 1990 Sulia Davidson-Randelle								



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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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ng physician.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed will	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comple be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, ore	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic ever
2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comple be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cre	2

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH Barres DAY Meertha 4.10 P. 90 10 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7, DATE OF BIRTN IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. (Month, Day, Year) 05 85 DAYS lison Our 1 🗆 M 2 💢 F 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN Baltonore antee. Harbour (set o) DIRECTOR Hospile Ballimore RESIDENCE OF DECEDENT 10d. INSIDE CITY LIMITS? 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION M 1 FYES 2 NO Himor FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 501 Olphin 21217 SA 110 U 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 PRO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indien, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married IF YES, GIVE WAR OR DATES YES 2 THO Specify: Specify: BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Worten Service 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) HAND BE 190. INFORMANT'S NAME (Type/Print) Number, City or Town, State, Zip Code) 9 RMAN 20e METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION 20c. LOCATION - City or Buriel 2 Cremation 3 Ren 34/to W Donation 5 Other (Specify) heckA 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LREWN WM. rocon 206W ORTA 23. PART 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, Approximata ehock, or haart feilure. List only one cause on each lina. interval Batwean Onset and Death IMMEDIATE CAUSE (Final disease or condition remla resulting in death) DUE TO (OR AS A CONSEQUENCE OF): adure Rona PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST PART ii. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS 24s. WAS AN AUTOPSY AVAILABLE PRIOR TO ardio Vas Celar COMPLETION OF CAUSE 1 TYES 2 NO DE DEATH? rilare. 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO ne 5 🗆 Residence 8 🗀 Other (Specify) 27 MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 8 Could not be 4 Homicide determined 29e. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. EDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER
RAWLE & HELEN

Hospital

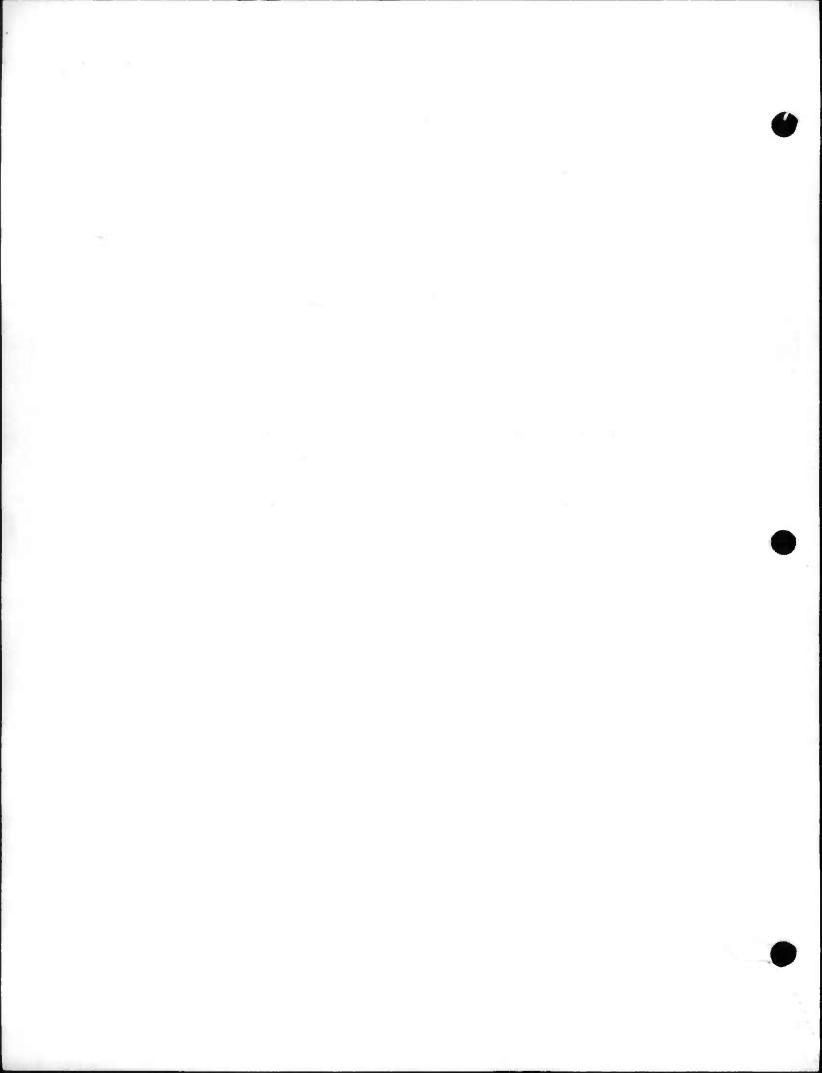
29c. LICENSE NUMBER

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29d. DATE SIGNED (Month, Day, Year)

► 10/14/90.

Baltimore



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	FOR	OTATE OF M	ADVI AND /	DEDAG	**************************************	. 05 11	PAITH 4			nene (חמ	28537
	1 - STATE REGISTRAR	STATE OF M					DEAT			i. NO.	00	20001
	1. DECEDENT'S NAME (First, Middle, Lest) IVIS		BAILE	Y					2. DATE OF DEA MONTH 10/13	DAY	YEAR	3. TIME OF DEATH 8:10 a.m. M
0	4. SOCIAL SECURITY NUMBER	6. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER		IF UNDER 24		7. DATE OF BIRT (Month, Day, Y	ГН	8. BIRTHI	PLACE (State or Foreign
	577-38-0644	1 M 2 KF	64	YRS.	MONTHS	DAYS	HOURS	MIN.	4/8/26		DC	,
~	9a. FACILITY NAME (If not institution, give	100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 10			25.50		R LOCATION			9c. CO	UNTY OF DE	EATH
D D	1964 Addison Roa	d South			Dis	stric	t He	ight	S	P	G	
DIRECTOR	10a. STATE 10b. COUNT	PG			y, TOWN (ight:	S				10d. INSIDE CITY LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER					10f.	ZIP CODE			10g. CI		HAT COUNTRY?
ER	1964 Addison Ro	ad South				20	1747			U	SA	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT	YES 2 X	MED NO	- 1 -	WAS DECI	ENDENT OF cify Cuban,	HISPANIC Mexican, Specify:	C ORIGIN? (Spec , Puerto Ricen, e	ify Yea or No— tc.)	Black	— American Indian, , Whita, etc. Black
COMPLETED	15. DECEDENT'S EDI (Specify only highest grade Elementary/Secondary (0-12) 10th Grade		(G	CEDENT'S		CCUPATIO during mos	N at of working		16b. KIND (OF BUSINESS/II	NDUSTRY	
	17. FATHER'S NAME (First, Middle, Last) Lorenzo Hawk	ins							E (First, Middle, I			
TO BE	19a. INFORMANT'S NAME (Type/Print) Lamont Bailey	(Son)	190						oute Number, City , Distr			, Md(20747)
	20e. METHOD OF DISPOSITION 1 N Burlef 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State	20b. PLACE other place Ft I	of DISPO	1n					oc. LOCATION - Brentw	ood.	Md
	21. SIGNATURE OF FUNERAL SERVICE LI	Smil							NE, DC		es Co	., Inc
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one ceu	caused the da	sth. Do			-			reapiratory a	irrest,	Approximata interval Between Onset and Death
NO	Sequentially list conditions,	b	hepas	DUENCE C	70	ile	ne					14
RTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	С	(DH AS A CONSE	240	Lie (greast cancer						6mc	
	resulting in death) LAST	d										
MEDICAL C	PART II. Other aignificant condition	na contributing to	death but not i	reaulting	In the u	nderiying	g cause gi	iven in F		VAS AN AUTOPS PERFORMED? YES 2 NO	Y 24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	/		OTHE	R:	ACE OF DE					
IYS	1 VES 2 NO	1 Inpetient 2	ER/Outpatient 3	26b. Til		rsing Hom 28c, INJ		idence (8 Other (Spec	-	CCURED	
BY PF	1 Natural 6 Pending Investigation	(Month, Di	ay, Year)	16	JURY M	1 _ 1	RK?	NO	200. DESCRIBE	HOW INJUNI	CCONED	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE O building,	F INJURY — Al ho etc. (Specify)	ome, farm,	street, fac	ctory, offic	•		26f. LOCATION City or Town	(Street and Numi , State)	ber or Rural F	Route Number,
COMPLETED	CONSCIN OTHY	BICIAN: To the best of si										i) and manner as stated.
BE	296 SIGNATURE AND TITLE OF CERTIFI	il les	u				29c. LICE	NSE NUM	BER	29d. D	ATE SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUS	SE OF DEATH (ITE	M 27) (Typ	e. Print)						-	V

30. NAME AND ADDRESS OF PERSON WHO COMPLETED QUISE OF DEATH (ITEM 27) (Type, Print)

MGF tw D. Weltz 1575 Woomwall

31. DATE FILED (Month, Day, Year)

OCT 18 1990 Julia Varidoon Rondelle

20770

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25,11.01

director, |

funeral

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0 filled

been signed by the attending physician and completely fille it, of Health and Mental Hyglene prior to burial, cremation,

certificate has bee in the State Dept. o

this c

After death

L DIRECTOR: /

LAND 21203-3146

BALTIMORE

Pages 1, 2, 3 should

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100	requires
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₹	The
DIVISION OF VITAL RECORDS, P.O. BOX 13140	HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2
SICN	ATTENDING
2	DR
	OSPITAL

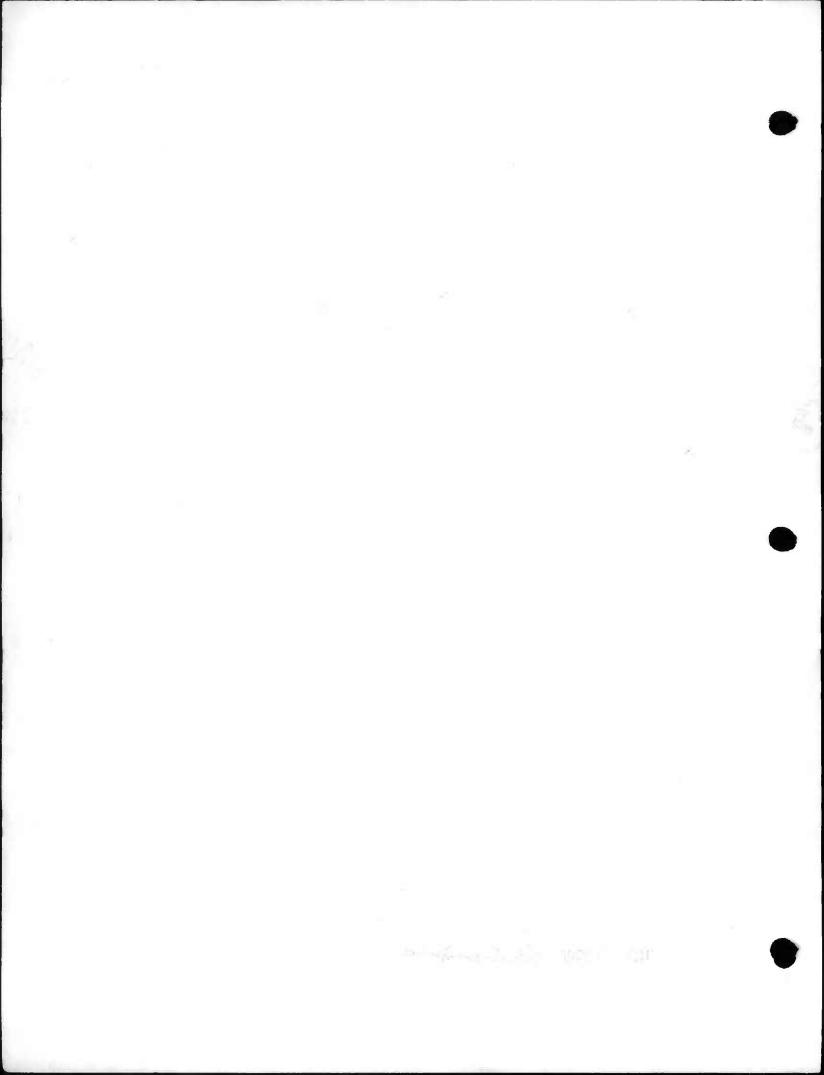
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH **EVALYN** MAE BERNIKER 1990 October 4.00 Pm 5. SEX 8. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign Country) 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH
(Month, Day, Year)
06-02-22 IF UNDER 1 YEAR IF UNDER 24 HRS. 216-12-2851 DAYS HOURS 68 1 M 2 K F Md. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Franklin Square Hospital Rosedale DIRECTOR Baltimore County RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore Rosedale 1 YES 2 1 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 926 Chesaco Avenue 21237 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indien, Black, White, etc. If yea, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married Specify: 3 Widowed 4 Divorced BY White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 18b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life, Do NOT use retired.) (Specify only highest grade completed) Elamentary/Secondary (0-12) 12th. College (1-4 or 5+) Secretary Government notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Sumame) Lillian Rider Herman Sommerman BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Carol Lynne McMillian 926 Chesaco Ave.; Baltimore, Md. è 20a, METHOD OF DISPOSITION

1 Burial 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State must Meadowridge Memorial Park Elkridge, Maryland ☐ Donation 5 ☐ Other (Specify) _ examiner 22. NAME AND ADDRESS OF FACILITY
HOWARD H. Hubbard Funeral Home, INc. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 4107 Wilkens Ave.; Balti., Md. 21229 medical 23. PART I. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximata shock, or heart failure. List only one cause on each line. Intarval Between IMMEDIATE CAUSE (Final Onset and Death the diseese or condition Pneumonia (Aspiration)
DUE TO (OR AS A CONSEQUENCE OF): resulting in death) traumatic event, CERTIFICATION Sequantielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate e. Enter UNDERLYING other t CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 injury, PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO MEDICAL shows any COMPLETION OF CAUSE 1 TES 2 NO Cerebrovascular Accident OF OEATH? 1 | YES 2 | NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) Item **EXAMINER?** OTHER: 1 TYES 2 THO 1 Nonpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Realdence 8 Other (Specify) 5 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural
2 Accident 5 Pending м 1 YES 2 NO BY Investigation 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicida 8 Could not be determined 49 4 Homicide 28 COMPLET Tem E 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE FUNERAL D
TO THE FUNERAL D
De filed within 72 ho
IMPORTANT: If It 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296 SIGNATURE AND TITLE OF CERTIFIER 29c, LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE 01 10-16-90 \$ ouse N/A 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D. 9000 Franklin Square

Gobbett,



r attending physician.

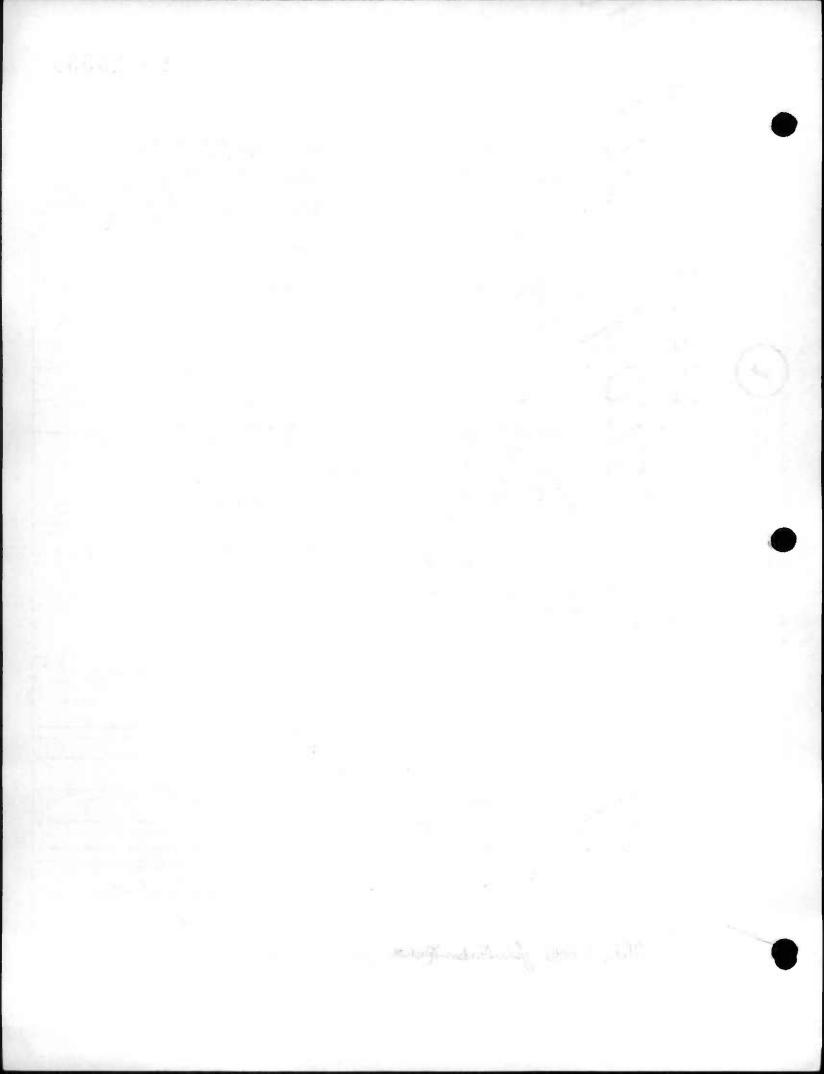
BALTIMORE, MARYLAND 21203-3146 TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-hours after death. Page 6 may be retained by THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shoured be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Hem 23 shows eny Injury, or other traumatic event, the medical examiner must be notified at DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF MARYLAND				MENTAL	HYGIENE
C	ERTIFICATE	OF DEAT	ГН		REG. NO.

FOR 1 - STATE REGISTRAR	STATE OF MARY		MENT OF H		ENTAL HYGIENE			
1. DECEDENT'S NAME (First, Middle, La Lawrence Wil					2. DATE OF DEATH MONTH DAY	4 9	AR 3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTN (Month, Day, Year)	/0. 9	BIRTHPLACE (State or Fundam Country)	
345-34-0732	1 km 2 □ F 48	YRS.	MONTHS DAYS	HOURS MIN.	9-9-42	Sp	ring Valley,Il	
Sa. FACILITY NAME (If not institution, gi	ve street and number)		9b. CITY, TOWN	OR LOCATION OF DEA	гн	Sc. COUNTY		
3327 Kessler C			Balti	more		BALTIMORE		
RESIDENCE OF DECEDENT 10a. STATE Md 10b. COU			, town or Local	TION		10d. INSIDE CITY LIMITS?		
10e. STREET AND NUMBER							1 YES 2 NO	
			101	. ZIP CODE		111	OF WHAT COUNTRY?	
3327 Kessler Co	12. WAS DECEDENT EVER	IN II S ADMED	12 WAS DEC	21227	ORIGIN? (Specify Yes	U.S.A	RACE — American Indian,	
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 X YES	8 2 NO	If yee, sp	ecify Cuban, Maxican, 2 X NO Specify:			Black, White, etc. Specify: White	
15. DECEDENT'S	DUCATION	16a. DECEDENT'S			16b. KIND OF BUS			
(Specify only highest gi	College (1-4 or 5+)	(Give kind of w life. Do NOT use	rork done during mo a retired.)	st of working	200000000000000000000000000000000000000			
12th Grade		Chemica	al Opera	tor	Sherwin	Willi	ams	
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAME	E (First, Middle, Maiden S	Surname)		
William Bregar				Euginia	Bregar (nee Kr	istopovitch)	
19a. INFORMANT'S NAME (Type/Print)					ute Number, City or Town	3 - 2 - 2 11 1		
Mrs. Herta Elea					altimore,			
20a. METHOD OF DISPOSITION 1 Disposition 3 - F	lamoval from State	 PLACE OF DISPOS other place) 	ITION (Name of ce	metery, cremetory or	20c. LOC	CATION — City	or Town, Stata	
4 Donation 5 Other (Specify) _ 21, SIGNATURE OF FUNERAL SERVICE		St. PAul I		Cemetery		altimo	re	
· Dayn	20 ishes	D	Hubba	rd Funera	1 Home In		, MD. 21229	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS	A CONSEQUENCE OF):):		Metas 7	745 E S	744.798	
PART II. Other eignificent condi	tions contributing to death	but not resulting i	n the underlyin	g cause given in P	art i. 24a. WAS AN / PERFOR		24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO	
					1 YES 2	₽ No	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICA	L		26, P	LACE OF DEATH (Chec	k only one)			
EXAMINENT 1 D TES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Ou	stpatient 3 DOA	OTHER:	ne 5 Residence 6	Other (Specify)			
27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	7 28b. TJM	E OF 28c. IN.		28d. DESCRIBE NOW IN	YJURY OCCUR	ED	
2 Accident investigate 3 Suicide 6 Could not 4 Homicide determine	building, etc. (Sc	RY — At home, farm, a sectly)	treet, factory, offic		261. LOCATION (Street a City or Town, State)	nd Number or I	Sural Route Number,	
296. SIGNATURE AND TITLE OF CENT	carres		n, in my opinion, o		me, data and place, and	d due to the co	GNED (Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON	I TILL			0	'	110		
31. DATE FILED (MORIT), Day, Year)-	32. REGISTRAR'S SIG	SON IL	6550	BALTO	CATURE	LPR	G42800	

DHMH-18 Rev 1/89



ND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE

90 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

28540

OHMH-18 Rev 1/89

	HEGISTHAR			-niii	CAIL	DEALD		HEG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	-					2. OATE	OF DEATH	Υ	*****	TIME OF OEATH
}	Lucy P. Benton						10			901	11:54 AM
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. le:	st birthday)	MONTHS DA	AR IF UNDER 24 H	/0.0	OF BIRTH		8. BIRTHPL. Country)	ACE (State or Foreign
	217-26-1952	1 M 2 TyF	87	YRS.			7	7-23-03		Mar	yland
	9a. FACILITY NAME (If not institution, give st	treel and number)			9b. CITY, TO	WN OR LOCATION O	F DEATH		9c. COU	NTY OF DEAT	ГН
8	St. Agnes Hospit	al			Ва	altimore					
5	RESIDENCE OF DECEDENT	,		I the CITY	Y, TOWN OR L	OCATION			10d. INSIDE CITY		
DIRECTOR		ltimore			lood1a						LIMITS?
	10e. STREET AND NUMBER	TTTMOTE			TOULTA	101, ZIP CODE			10a. CITI		T COUNTRY?
FUNERAL	1922 Valley Road	ı				2120	7			S.A.	
N N	1922 VALLEY ROAD	12. WAS DECEDEN	T FVFR IN U.S. AL	PMED	13 W/AS	DECENDENT OF H		N2 (Specify Yea			American Indian
	1 Never Married 2 Married		YES 2 X		If ye	s, specify Cuban, M YES 2X NO S	axican, Puarto			Black, V Specify:	American Indian, Vhita, atc.
BY	3 XWidowed 4 Divorced	IF 1E3, GIVE V	MU OU DVIES		''	TES AT NO S	респу:			зреспу.	White
8	15. OECEOENT'S EDUI	CATION	16a. Di	ECEDENT'S	USUAL OCCU	PATION ag most of working	16	b. KIND OF BUS	INESS/INE	DUSTRY	
E	Elementary/Secondary (0-12)	College (1-4 or 5	166	Do NOT us	e retired.)	ig most or working					
린	8th grade		H	omema	ıker			0wn	home	<u> </u>	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER	S NAME (First,	Middle, Maiden	Sumame)		
BE 0	Edward True					Marth	a Garl	and			
0	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (S	reet and Number or F	Rural Route Nur	mber, City or Town	n, State, Zip	Code)	
F	William R. Bento	n		1922	Valle	y Road	Baltim	ore, M	D 212	207	
	20a. METHOD OF DISPOSITION 1X Burial 2 Cremetion 3 Rem	oval from State	other p	vace)		of cemetery, cremator			CATION —	City or Town	, Stata
	4 Donation 5 Other (Specify)		Bal	timor		ional Ce		Bal	timor	re, MD	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE				e and address of		ome. Ti	nc		
	> Jackie D	Sha	nno	7	1	7 Wilken		-		. MD	21229
	23. PART L. Enter the disesses, pr				_					-	Approximate
	shock, or hasrt follure. IMMEDIATE CAUSE (Final	List only one ca	use on each lin	a.							Interval Between Onset and Death
	disease or condition	Anato	mic fin	dings	insu	fficient	to ex	plain	cause	2	
	resulting in daeth)	DUE TO	(OR AS A CONSE	OUENCE O	F):						
-		of de	eath								
<u>ē</u>	Sequentially list conditions, if any, leading to immediata	DUE TO	(OR AS A CONSE	OUENCE O	F):						
8	causa. Entar UNDERLYING CAUSE (Disease or Injury	cClini	cal his	torv	of se	nsis					
Ē	that initiated events	DUE TO	(OR AS A CONSE	OUENCE O	F):						
	resulting in desth) LAST	d									
EDICAL CERTIFICATION	PART II. Other algnificent condition	ns contributing to	deeth but not	resulting	in tha unde	riving cause give	en in Part i.	24s. WAS AN	AUTOPSY	24b. ¥	/ERE AUTOPSY FINDINGS
8						, ,		PERFOR			MAILABLE PRIOR TO OMPLETION OF CAUSE
				-				1 TYES 2	□ NO		F DEATH?
Σ								1		'	☐ YES 2 ☐ NO
AN	25. WAS CASE REFERRED TO MEDICAL					26. PLACE OF DEAT	H (Check only)	one)			
PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:	ED/Outpetlant	2 DOA	OTHER:						
¥	27. MANNER OF DEATH	28a, DATE O		28b. TIW		c. INJURY AT	-	ESCRIBE HOW I	NJURY OC	CURED	
	1 Netural 8 Pending		Day, Year)		JURY	WORK?					
ВУ	2 Accident Investigation 3 Suicide & Could not be	28a. PLACE	OF INJURY — At I	ome, farm.			_	CATION (Street	and Numbe	er or Rumil Roi	rte Number.
8	4 Homicide 8 Could not be	building	, atc. (Specify)	,	,		Cit	ly or Town, State)			
	29a, CERTIFIER										
MP	(Check only One)										and managed as ideal of
COMPLETED	2 MEDICAL EXAMINI	1.49	PARTITION AND	r inventigatio	on, in my opir			na and piace, ar			
BE	296. SIGNATURE AND TITLE OF CERTIFIE	1	4 0			29c. LICENS			29d. DA		Aonth, Day, Year)
5	Yames []	anjon	m.D		A1	D118	515			10-16	-90
	30. NAME AND ADDRESS OF PERSON WE	/				_ A					
	James E. Taylor			Caton	Ave.	Baltimo	ore, M	D 2122	29		
	31. DATE FILED (Month, Day, Year)		AR'S SIGNATURE	2.00							
	OCT 1 9.1990	Sucha De	undson-ha	MARK							

DIRECTOR

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ALC	100	2 10	===
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Extraours after death. Page 6 may be retaine	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shou	within 7	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifie
뿔	포	pall	OF
2	101	be f	IMP

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

ETED

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BE

2

N. CHAPLES

32. REGISTRAR'S SIGNATURE

Avia Davidson-Rondare

90 28541 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2. DATE OF DEATH MONTH DAY 1 DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 8:00 A.M. JOHN MARCELL BENNETT OCTOBER 18, 1990 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS MIN. 1 M 2 🗀 F YRS 14 7457 JULY 16,1919 MARYLAND 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH 406 RAILROAD AVENUE TOWSON BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a, STATE 10d. INSIDE CITY LIMITS? MARYLAND BALTIMORE TOWSON 1 TYES 2 NO 10a. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 406 RAILROAD AVENUE 21204 U. S. OF A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: FORCES? 1 YES 2 1 Never Married 2 Married Specify: 3 Widowed 4 Divorced **BLACK** 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16h KIND OF BUSINESS/INDUSTRY (Specify only highest grade complete Elamentary/Secondery (0-12) College (1-4 or 5+) 0 - 5LABORER GARAGE DOOR INSTALLATION 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First Mirkelle Mairies Surname) UNKNOWN UNKNOWN 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) MRS. MARY ELIZABETH BENNETT 406 RAILROAD AVENUE TOWSON. MARYLAND 21204 20e. METHOD OF DISPOSITION
1 W Burial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 10/20/9 20c. LOCATION — City or Town, State other place) DULANEY VALLEY MEM. GARDENS TIMONIUM MD BALTO 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEWIS T. GWYNN FUNERAL HOME 21215-6393 4517 PARK HEIGHTS AVE. BALTIMORE, MARYLAND the diseases, or complications that dusad the death. Do not anter tha mode of dying, auch as cardiac or respiratory arrest, Approximata shock, or heart fallure. List only one cause on sech line. interval Between Onset end Death IMMEDIATE CAUSE (Final disease or condition DUE TO (OF AS A CONSEQUENCE OF): resulting in death) artheroschlerotee Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate Non resutable Agramons
DUE TO (OR AS A CONSEQUENCE OFF) cause. Entar UNDERLYING CAUSE (Diseese or injury that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) 28c. INJURY AT WORK? 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO 2 Accident 3 Suicide 28a. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined 4 Homicide 29a. CERTIFIER
(Check only one)

A MEDICAL EVAMINED: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D19574 10-19-90 MO 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) KARL W. DIEHN BALTIMORE SVITE 601 MD. 4565

FOR STATE REGISTRAR

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rmit. Pages 1, 2, 3 should

	1. DECEDENT'S NAME (First, Middle, Last)	Ian	tha Ru	th B	rown	1			2. DATE OF	DEATH DA	Υ _	YEAR	O3. TIME OF DEATH
- 1		Lwans							- [15	90	2.08 PM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. le	ist birthdey)	IF UNDER	DAYS	HOURS	24 HRS.	7. DATE OF E (Month, Da	y, Year'		6. BIRTH Countr	IPLACE (State or Foreign y)
- 1	230-09-8891	1 🗆 M 2 🗹 F	74	YRS.					03-1	7-19			ryland
	9a. FACILITY NAME (If not institution, give st				9b. CITY,		OR LOCATI			'		NTY OF D	
DIRECTOR	HARBOR HOS	PITAL CA	ENTER			73	3 ALT	700	re		4.	BAU	TINORE
ן ה	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	,		10c, CIT	Y, TOWN O	R LOCAT	TION						10d. INSIDE CITY
<u>E</u>	Maryland -				Balt								LIMITS?
	10e. STREET AND NUMBER				Dar	_	. ZIP COD	E			10g. CIT	IZEN OF V	WHAT COUNTRY?
FUNERAL	106 E. West Str	reet					212	30				USA	
ž	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	RMED			ENDENT (OF HISPAN	NIC ORIGIN? (S			14. RACI	E — American Indian,
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BY	3 X Widowed 4 Divorced												"White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)		ECEDENT'S	work done o			ng	16b, KIP	ND OF BUS	INESS/IN	DUSTRY	
91	Elementary/Secondary (0-12)	College (1-4 or 5	·)	fe. Do NOT u	se retired.)	_							
MP	12th			Sale	sper	sor				Dep1		ore	
00	17. FATHER'S NAME (First, Middle, Last)								ME (First, Midd		,		
BE	James L. Crocke	ett					_		ie Li			_	
언	19a. INFORMANT'S NAME (Type/Print)	_							Route Number,				
	Jerrie P. Maise	<u>5T</u>							r. Ap				
	20g METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Ram	oval from State	T Other	E OF DISPO	SITION (Na.	me of ce	metery, cre-	matory or	ry	29c. LO	CATION	- City or Te	own, State
	4 □ Donation 6 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE CO	ENORS AL	TOT	Lain			ND ADDRE			De	TIT	mor	e, MD
	Ser 2 C.	11/1							neral	Hon	ne		
	George E. N	MacNabb			3	01	Fre	der	ick R	oad.	Ва	1to	. MD 2122
	23. PART I. Enter the diseesee, or on the shock, or heart fellure.				not antar	tha mo	oda of dy	ing, suc	ch aa cardlad	or reep	ratory si	rreat,	Approximsta interval Between
	IMMEDIATE CAUSE (Final	,,											Onsat and Dasth
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CERTIFICATION	regulting in death) LAST												
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MEDICAL	PART II. Other significent condition	na contributing to	desth but no	t resulting	in the ur	derlyir	ng cause	given in	Part I. 24	PERFO		24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
200	_ cops								1	YES 2	NO		COMPLETION OF CAUSE OF DEATH?
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ä		T											
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE	R:			heck only one)				
PHYSICIAN	1 TYES 2 AND 27. MANNER OF DEATH	1 Pinpetient 2		3 □ DOA 26b. TH			me 5 □ F	Rasidence	6 Other (S		IN ILIBA O	CCUBED	
4	1 Natural 5 Pending	(Month, I		IN IN	JURY M	W	YES 2	□ NO	200. 02301	IDE HOW		COUNTED	
B	2 Accident Investigation 3 Suicide & Could not be	28e, PLACE (OF INJURY — At	home, ferm.	street, fac				28t, LOCATI	ON (Street	and Numb	er or Rural	Route Number,
G	4 Homicide 6 Could not be	building	, etc. (Specify)						City or	Town, State)		
画	29a. CERTIFIER	IOUANI. To the best of	4 - 1 - 1 - 1 - 1 - 1	de eth e e e e					4.45	(-)		and and	
(Check only 1) CERTIFYING PYTSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and mainter as stated.									(a) and manner as stated.				
2 MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as state 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 0/15/90													
5	30. NAME AND ADDRESS OP PERSON WI			TEM 271 /F-	na Delme)		1					,0	11970
	HARBOR HOSPITA		1 S H			50	92	DLT	more	77	D .	212	30
	31 DATE FILED (Month Day Year)	32 REGISTR	AR'S SIGNATURE				100						
	OCT 1 9 1990	Julia De	vidous 18	ndess									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

28542

DHMH-16 Rev 1/89

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H. . wither for use as the burial-transit permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be

JANET

31. DATE FILED (Month, Day, Year)
OCT 19 1990

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32. REGISTRAR'S SIGNATURE

TALUSAN

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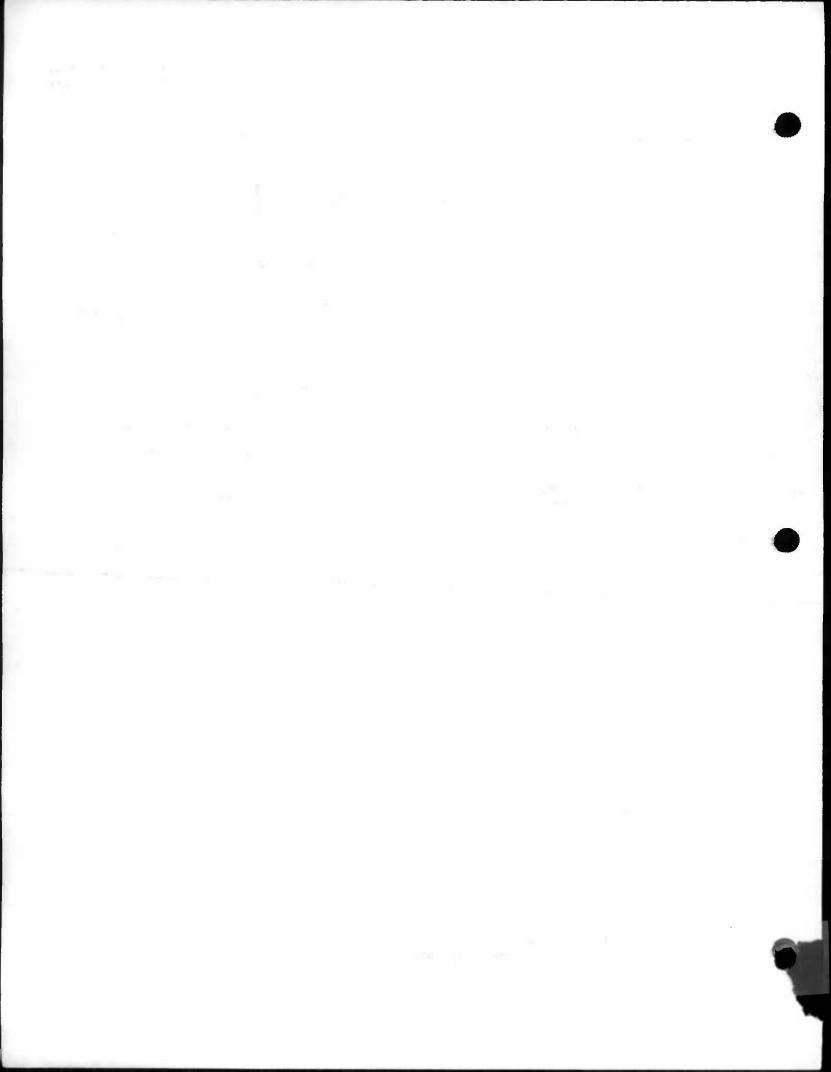
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	1. DECEDENT'S NAME (First, Middle, Last) JEANETTE C: CURETON		2. DATE OF DEATH DAY OCTOBER 16	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 5. SEX 1 \(\to M \) 2 \(\text{X}' \) F 75 YRS.	/) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTN 8.	BIRTNPLACE (State or Foreign Country)			
OH	9e. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWN OR LOCATION OF DI	EATN 9c. COUNTY	OF DEATN			
DIRECTOR	10e. STATE 10b. COUNTY 10c. C	ETY, TOWN OR LOCATION		10d. INSIDE CITY LIMITS? 1 PS 2 NO			
A	100. STREET AND NUMBER 1.324 E. Belvedere Ave Apt	101. ZIP CODE 2/2	39 log. CITIZER	N OF WHAT COUNTRY?			
BY FUNER	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF NISPA If yes, specify Cuben, Mexic 1 YES 2 NO Specif	an, Puerto Rican, etc.)	Black, White, etc. Specify: Black			
PLETED	(Specify only highest grade completed) (Give kind (life. Do NOT	of work done during most of working use retired.) USEWFE	18b. KIND OF BUSINESS/INDUS	TRY			
0	17. FATNER'S NAME (First, Middle, Last) ad Koddey	18/MOTNER'S NA	AME (First, Middle, Malden Surname)				
2	Andre Cherry 10	NG ADDRESS (Street and Number or Flura)	Roule Number City or Town, State, Zip Co	red 21234			
	1 Donellon 5 Other (Specify) other place)	POSITION (Name of comotory, cromatory or MEH F	ark Arbuti	y or Town, State			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE March	March F/H Wes	st				
	PART I. Enter the diseases, or complications that caused the deeth. Do ehock, or heart fellure. Liet only one cause on each line. IMMEDIATE CAUSE (Final	o not antar tha moda of dying, aud	ch ea cardiac or respiratory arrea	t, Approximate Interval Batween Onset and Death			
	disease or condition a. ANOXIC ENCEPT OUE TO (OR AS A CONSEQUENCE			14 days			
NOL	Sequentially list conditions, if any, leading to immediate						
ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST c. SEVERE HYPER DUE TO (OR AS A CONSEQUENCE of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of th	ROEN SION		J			
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PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	26. PLACE OF DEATN (C					
HYS		TIME OF 28c. INJURY AT	8 U Other (Specify) 26d. DESCRIBE NOW INJURY OCCU	RED			
D BY	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, ferr building, stc. (Specify)	M 1 YES 2 NO	JURY WORK? M 1 YES 2 NO				
COMPLETE	4 Homicide determined 29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occ one)						
	2 MEDICAL EXAMINER: On the beele of examination end/or investig 29b. SIGNATURE AND TITLE OF CERTIFIER	ation, in my opinion, death occured at th		SIGNED (Month, Day, Year)			
O BE	gratusan		> //	0/16/90			
2	30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27)	ype, Print)					

HOSPITAL

SAMARITAN

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gage 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

netified at once.

DALIMON	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within crysours after death. Page 6 m	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fundral director has find within 72 hours, after death with the State Deot, of Health and Mental Hotelere prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner mus
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	10	filled on, or	E II
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DIVISION OF VITAL RECORDS, P.O. BOA 13149,	M M	I, cre	ever
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	PITAL	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fund he find within 72 hours after death with the State Deot, of Health and Mental Hydene prior to burial, cremation, or removal.	11.11
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FOR STATE REGISTRAR				CERTIF	ICATE	OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First	, Middle, Last)							2. DATE	OF OEATH	AY	YEAR	3. TIME OF DEATH
MARY E. (COLE								. 16,			4:30 P.M.
4. SOCIAL SECURITY NUM	BER	8. SEX	6. AGE (In y	rs. lest birthday)	IF UNDER		IF UNDER 24 HRS.	7. DATE	OF BIRTH h, Day, Year)			LACE (State or Foreign
219-05-722	8	1 🗆 M 2 💢 F	71	YRS.	MONTHS	DAYS	HOURS MIN.	Sep	t.17,1	919		YLAND
9e. FACILITY NAME (If not it	nstitution, give s	street and number)			9b. CITY,	TOWN C	OR LOCATION OF	_				ATH
1723 BOGGS	ROAD				FO	REST	T HILL			HA	RFOR	D
RESIDENCE OF DE					1							***
MARYLAND	10b. COUNT	<u> </u>	-		ALT IM							10d. INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER 2614 KENTI		VENUE					21213		12			HAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 X	S ARMEO 22 ZANO S	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexican 1 YES 2 NO Specify					or No-		- American Indian, White, etc.			
	CEDENT'S EOU		10	. DECEDENT'S	USUAL OC	CUPATIO	ON	168	. KIND OF BU	SINESS/INOL	USTRY	
(Specify on Elementary/Secondary (ly highest grade 0-12)	College (1-4 or 5	+)	(Give kind of life. Do NOT u	work done d ise retired.)	auring mo	ost of working					
NA		NA		HOME	MAKER	3			OWN	HOME		
17. FATHER'S NAME (First, A	Aiddle, Last)						18. MOTHER'S N	AME (First,	Middle, Maiden	Surname)		
JOHN E. C	OLE						NORA		- 10			
19e. INFORMANT'S NAME (19b. MAILING	G ADORESS	(Street #	and Number or Rura	Route Num	ber, City or True	m. State. 7in	Code)	
MR. ELMER		LE (HUSB	AND)				AVE, BA					
20a. METHOD OF DISPOSIT	FION on 3 - Rem		20b. P		SITION (Na	me of cer	metery, crematory or		20c, LO	CATION — C	Ity or Tow	
Donation 5 🗆 Othe				11051					DA	LITINO	RE,	riD.
21. SIGNATURE OF FUNER												
	L DETIVIOL L	CENSEE			S(NAME AL	MO ADORESS OF FU	ACILITY NERAT	HOMES	S TNO	7	
23. PART I. Enter the cashock, or himmediate cause (Fi	diseases, or negrit fellure.	complications the	use on esci	h line.	S(3: not enter	CHIM 331 the mo	MUNEK FU BREHMS ode of dying, su	NERAI LANE ,	BALT	IMORE .	, MD	Approximate Interval Betwe
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ומא ופקטונים וומן נוים טפטון בפוטונים כל התכנים אומווו בדי ווסנים מונה שפמון. רמני הינים ווימן של הממווים כל נוים הינים ווימן	as been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as in humbly. Obept, of Health and Mental Hygiene prior to burial, cremation, or removal.	
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BALTIMORE, MARYLAND 21203-6146 TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Za-Nours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1	FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF I		MENTAL HYGIEN REG. NO				
	Eleanor E. Du					2. DATE OF DEATH MONTH D	1 9 ^v	3. TIME OF DEATH 9:00pm		
	132-10-8562	1 🗆 M 2 💂 F	(In yrs. last birthday) 9 0 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 0 9 - 2 3 - 0	0	BIRTHPLACE (State or Foreign Country)		
- 11	o. FACILITY NAME (If not institution, give Circle Manor) RESIDENCE OF DECEDENT				sington					
1 11-	10a, STATE 10b. COUNT MON		ensingt			10d. INSIDE CIT LIMITS? 1 YES 2				
3	100. STREET AND NUMBER 10231 Carrol P			10	2 0 8 9 5		U.S.	N OF WHAT COUNTRY?		
- 11	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR D	2 🔀 NO	If yes, s	CENDENT OF HISPAN pecify Cuban, Mexica S 2 1 NO Specify	n, Puerto Rican, etc.)	GIN? (Specify Yea or No— 14. RACE — Americ			
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		ION ost of working 3 Y	166. KIND OF BU		TRY				
	17. FATHER'S NAME (First, Middle, Lest) Christian Go	ME (First, Middle, Maider								
10 00	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City of Tarmy State Zig. Code) 2090 Robert L. Dunne 13013 Peaceful Terrace. Ken									
	1 Burlel 2 Cremetion 3 Reid 4 Donstion 6 Other (Specify) 21, SIGNATURE OF TUNERAL SERVICE L	ICENSEE /	other place) 0 - 17, E	Stat		my Board				
	23. PART/1. Enter the disease, or shock, or heert failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Het only one course on	soch line.	L (1	or Asak	//	t, Approximata interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
3	PART II. Other significent condition	ons contributing to death	but not resulting	in the underlyi	ng cause given in		N AUTOPSY DRMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHTSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Input lant 2 ER/Outpet lent 3 DOA 4 Nursing Home 8 Residence 6 Other (Specify)									
מו ומ	27. MANNER OF DEATH 1 Netural 8 Pending investigation	26s. DATE OF INJURY (Month, Day, Year)	28b. TH	IJURY Y	NJURY AT YORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCU	RED		
	3 Suicide 8 Could not be determined	28e. PLACE OF INJUR building, etc. (Sp	Y — At home, farm, ecify)	, street, factory, of	Ice	281. LOCATION (Stree City or Town, State		Rurel Route Number,		
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAM!	-//				to the cause(e) and m		i. ceuse(e) and manner se stated.		
2	29 SUNNATURE AND TITLE OF CERTIF	Tours,	m.		MOL 9	to8381	29d. DATE S	Signed (Month, Day, Year)		
2	DONTHMIN	TYNN IN	EATH (ITEM 27) (Typ	Mie V	nie Ph	In Dr.	Olivez	Md. 20832		
	The bull bull by the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t	32. REGISTRAR'S SIG	NATURE				/			

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BALTIMORE, MARYLAND 33203-3146	in 24. Surs after death. Page 6 may be retained by the high	aly filled in by the funeral director, page 5 should be detact	lation, or removal.	, the medical examiner must be notified at once
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	D THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-25urs after death. Page # Imay be mailted by the hospital and physician.	0 THF FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be exercised for use as the burlal-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once."

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

1. DECEDENT'S NAME (First	, Middle, Lasi)	Frederi	ck2P	aul De	tzer	, Sr	•	2. DATE MONTH	OF DEATH DA	10-1	7 _{EAR} 9	3 TIME OF DEATH 2:1
4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In	yrs. last birthday)	IF UNDER t Y	EAR IF	UNDER 24 HRS.		OF BIRTH		8. BIRTHI	PLACE (State or Foreign
216-26-7	516	1 🔀 M 2 🗆 F	5	2 YRS.	IONTHS D	AYS HO	JRS MIN.	D6.	-21 -1	938 1	Country Mar	yland
e. FACILITY NAME (If not in	astitution, give s	treet and number)			9b. CITY, TO	WN OR LO	CATION OF DE			9c. COUNT		
Francis	Scott	Кеу Ме	dica	l Cen.		Balt	imore	9		C	ity	
De. STATE	10b. COUNT	Y		10c. CITY,	TOWN OR I	LOCATION					T	10d. INSIDE CITY LIMITS?
Maryland					1	Balt	imore	<u> </u>				1 YES 2 NO
a STREET AND NUMBER						10f. ZIP				10g. CITIZ	EN OF W	HAT COUNTRY?
3139 E. B	altim	ore Str	eet			2	1224			Ţ	JSA	
. MARITAL STATUS		12. WAS DECEDEN					NT OF HISPAI			or No-	14. RACE	— American Indian, White, atc.
Never Married 2 ☐ Widowed 4 🔀 Divo		IF YES, GIVE					Cubsn, Maxics NO Specif		rican, atc.)		Specif	v:
		l								- 1		USA
15. DEC (Specify on	EDENT'S EDU y highest grade	CATION completed)	1	(Give kind of wo	ork done duri	JPATION ing most of	working	16b.	. KIND OF BUS	SINESS/INDU	ISTRY	
Elementary/Secondary (to 12 th	0-12)	Collega (1-4 or 5	+)	Mac]	nini:	st						
FATHER'S NAME (First, A	fiddle, Last)						MOTHER'S NA	ME (First, I	Middle, Maiden	Surname)		
Frederi	ck C.	Detzer					Reath	a Ri	Lliza	rd		
. INFORMANT'S NAME (19b. MAILING	ADDRESS (S						Code)	
Cynthia .	J. 0h	ler		132 N	El	Lwoo	d Ave	nue.	Bal	to.	MD	21224
. METHOD OF DISPOSIT	ION			PLACE OF DISPOSI						CATION — C		
☐ Burlel 2 Cremetion 5 ☐ Other		noval from State	M	etro Ci	cema-	tory	, Inc		:	Balti	imo	re, MD
SIGNATURE OF FUNERA	SERVICE I	CENSEE	Me		22. NA	ME AND A	DORESS OF FA	CILITY				
Georg	e E.	MacNabb			299	emat 9 Fr	ion S ederi	ocle	ety or Road,	f Mar Bal	cyla to.,	and MD 21228
AMEDIATE CAUSE (Fi iseasa or condition = sauting in death) == equantially list condi- any, laading to imme suse. Enter UNDERLY AUSE (Disease or inj- lat initiated events esuiting in death) LAS	tions, addate in in in in in in in in in in in in in	b. GMPYC DUE TO	(OR AS A (OR AS A (TIC CONSEQUENCE OF	:	42(CAL	CA	R(IN	OM	4.	interval Between Onset and Death
ART ii. Other signific	ant condition	ns contributing to	death bu	t not resulting in	tha unda	artying ca	use given in	Part i.	24a. WAS AN PERFOI 1 YES	RMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
								-				I TES 2 MO
. WAS CASE REFERRED	TO MEDICAL		-			26. PLACE	OF DEATH (C	heck only or	ne)			
EXAMINER?		HOSPITAL:	☐ ER/Outna		OTHER:		Residence					
MANNEB-OF DEATH	Pending	28e. DATE O		28b. TIME	OF 21	Bc. INJURY WORK?	AT	_	SCRIBE HOW	INJURY OCC	URED	
	Investigation Could not be	28e. PLACE	OF INJURY -	— At home, ferm, at			2 110		CATION (Street or Town, State		or Rural F	Coute Number,
and only	DICAL EXAMIN					nion, death		s time, date		nd due to the	o causo(a) and menner as stated. (Month, Day, Year)
NAME AND ADDRESS O	PERSON W	HO COMPLETED CAN		TH (ITEM 27) (1) po.	Print) EAN C	c's	ScoTT	KE	4 0	MED	C	TR.
1. DATE FILED (Month, Day	; Year)	32. REGISTR	AR'S SIGNA	TURE								
OCT 1	1000	Lelia To	idan	Bondo St.								

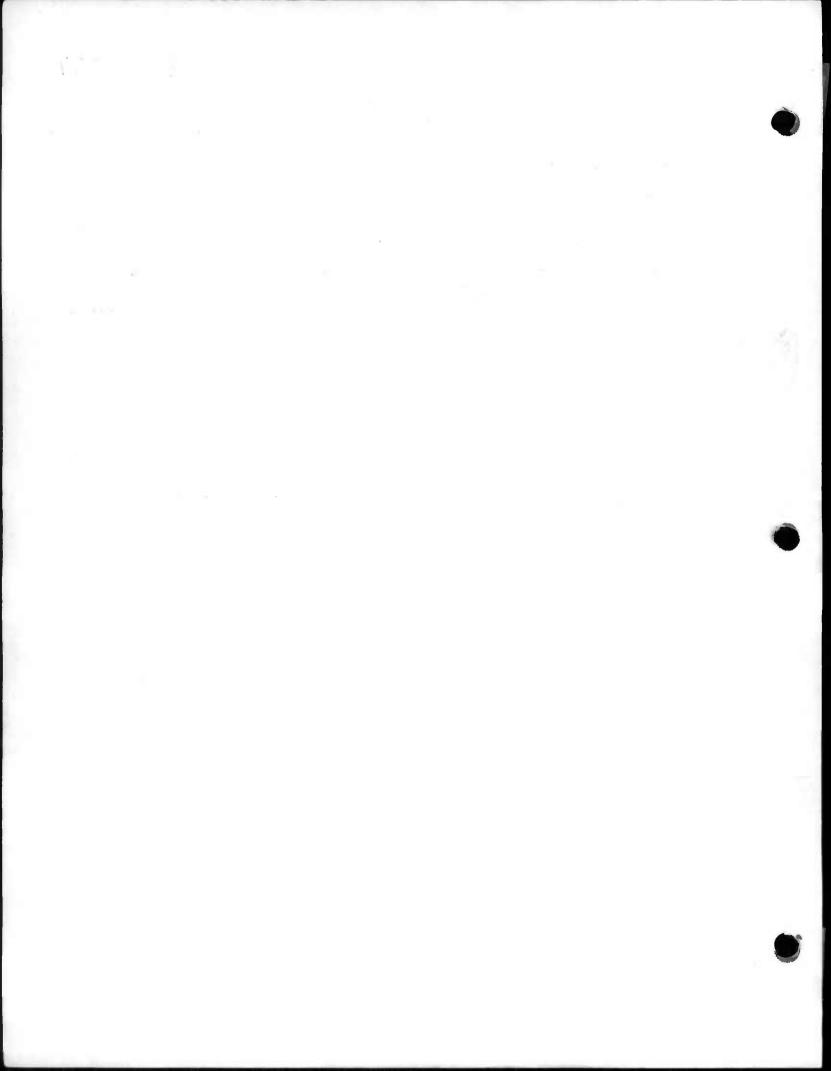
s the burial-transit permit. Pages 1, 2, 3 should

iding physician.

BALTIMORE, MARYLAND

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR 1 - STATE REGISTRAR	STATE OF MARY		ITMENT OF H		MENTAL HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)		191			2. DATE OF DEATH		3. TIME OF DEATH		
	HARUEV H	1 1=	11 21	+		MONTH C	AY YE	MAR 7,10 AM		
		5. SEX 8. AG	E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6 7	SIRTHPLACE (State or Foreign		
		1- M 2 F	GSYRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Ountry) MD		
	9e. FACILITY NAME (If not institution, give stre	et end number)	0	9b. CITY, TOWN O	R LOCATION OF DE		9c. COUNTY	OF DEATH		
OR	VA HOSE), - Ba	Ito,	Ba	ilto.					
5	RESIDENCE OF DECEDENT		Da							
DIRECTOR	10e, STATE 10b, COUNTY	chaster	10c. CI	ambri	da			10d, INSIDE CITY LIMITS2 1 2 YES 2 NO		
FUNERAL	10e. STREET AND NUMBER	Clari		101.	ZIP CODE)	10g. CITIZEN	OF WHAT COUNTRY?		
N.	11. MARITAL STATUS	12. WAS DECEDENT EVE	AMILS ARMED	13 WAS DECI	MDENT OF HISPAN	ORIGIN? (Specify Ye	a or No.— 14	RACE — American Indian,		
	1 Never Married 2 Merried	FORCES? 1 YE	S 2 NO	If yes, spe		n, Puerto Rican, etc.)		Black, White, etc.		
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 U YES	2 NO Specify	<i>f</i> :		specify: Black		
8	15. DECEDENT'S EDUCA			USUAL OCCUPATIO		16b. KIND OF BU	ISINESS/INDUST	RY		
COMPLETED	(Specify only highest grade or Elementery/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	work done during mos se retired.)	t or working					
4	12		Store (Clerk						
0	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Malder	Sumame)	,		
	Kobert Ell	int			Estel	la Mic	Crea	du l		
) BE	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
2	Marzella Elliott 927 Pine St. Camb, Md. 2/6/3 200. MEZHOD OF DISPOSITION (Name of computery, crematory or 200. LOCATION — City of Town, State									
	20e. METHOD OF DISPOSITION 1 Suriat 2 Cremation 3 Remove 4 Donetion 5 Other (Specify)		other place)	PLEYNS	entery, crematory or	20c, L	Seb LI	or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	00	22. NAME AN	O ADORESS OF FA	CILITY	20000	216/2		
	Themis H.	Boar	dles	- 812	HUBB	AZL-CA	mb.	Md		
	23. PART I. Enter the diseases, or co			not anter the mo	da of dying, auc	h as cardiac Dr rea	olratory arrest,			
	shock, or heart fellure. Li IMMEDIATE CAUSE (Final	ist only one cause or	aach lina.					Interval Between Onset and Death		
	IMMEDIATE CAUSE (FINAL									
	resulting in death) a. 5 (identity and all carely / wash (phany regal) months Due to (or as a consequence of): (what y to b)									
	resulting in dastn)	DUE TO (OR A	S A CONSEQUENCE C	OF): (wether the	(57)		0			
Z		DUE TO (OR A	S A CONSEQUENCE C	on: (nextasta	(1)		0	Ť		
TION	Sequentially list conditions, if any, leading to immediate		S A CONSEQUENCE O	7	(Kc)		0			
ICATION	Sequentially list conditions, b.	DUE TO (OR A	S A CONSEQUENCE C	OF):	(1		0			
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants	DUE TO (OR A		OF):	***************************************		0			
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury	DUE TO (OR A	S A CONSEQUENCE C	OF):	<u>****</u>					
L CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants	DUE TO (OR A	S A CONSEQUENCE C	OF):		Part I. 24e. WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS		
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evanta resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE C	OF):		Part I. 24a. WAS A PERFC	RMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE		
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evanta resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE C	OF):		Part I. 24e. WAS A	RMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?		
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evanta resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE C	OF):		Part I. 24a. WAS A PERFC	RMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE		
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evanta resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE C	DF): In the underlying	g cause given in	Part I. 24a. WAS A PERFC	RMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?		
	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated evanta resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR A	S A CONSEQUENCE C	DF): In the underlying 26. PL OTHER:	cause given in	Part I. 24a. WAS A PERFC 1 YES	RMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?		
	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated evanta resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YNO	DUE TO (OR A	S A CONSEQUENCE C	DF): In the underlying 26. PL OTHER: 4 \(\text{Nursing Hom} \)	ace of OEATH (Ch	Part I. 24a. WAS A PERFC 1 YES	PRMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO		
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated evanta resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YND 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO (OR A	S A CONSEQUENCE C	26. PL OTHER: 4 Nursing Hom ME OF 28c. INJ. UNEY WO	ace of OEATH (Ch	Part I. 24a. WAS A PERFC 1 YES	PRMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evanta resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation	DUE TO (OR A DUE TO (OR A Contributing to deati	S A CONSEQUENCE C S A CONSEQUENCE C The but not resulting Dutpetlent 3 □ DOA TY IN	26. PL OTHER: 4 Nursing Hom M 1 1	ace of OEATH (Ch	Part I. 24a. WAS A PERFC 1 YES 1 YES Peck only one) 8 Other (Specify) 28d. GESCRIBE HOW	INJURY OCCUR	AWALLABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO		
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INJURY OCCUR and Number or I	AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO Rural Route Number, Puse(s) end menner ee stated.		



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DIVISION OF VITAL RECORDS, F.O. DOA 1314	CIAN:	ertificat
5	PHYS	this c
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	OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed.	INERAL DIRECTOR: After this certificate has been signed by the attending physician and comp

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VERAL DIRECTOR
TO BE COMPLETED BY FUN
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FOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed. Set a second of the flow of the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunta-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH
Lloyd Ellio	tt				9-27-90	1,0011	7:20a M
4. SOCIAL SECURITY NUMBER 532-10-0318	5. SEX 6. AGE		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3 - 1 1 - 1 2	6. BIRT	HPLACE (State or Foreign try)
9e. FACILITY NAME (If not institution, give at	treet end number)		. CITY, TOWN O	R LOCATION OF DE		c. COUNTY OF	DEATH
Ft. Washington	Rehab. Ct	er.					
10e. STATE 10b. COUNTY			OWN OR LOCATI				10d. INSIDE CITY LIMITS?
Md Char	les	Indi	an He				1 YES 2 NO
20 Greenwood P	lace			ZIP CODE		Og. CITIZEN OF	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 TYPES IF YES, GIVE WAR OR D	2 NO	If yes, spe		ilC ORIGIN? (Specify Yea or n, Puerto Rican, etc.) /:	Blac	E — American Indian, ik, White, etc.
15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16e. DECEDENT'S US	UAL OCCUPATIO	N t of working	16b. KIND OF BUSIN	ESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use n Veteri		n Asst.	Anima	l care	
17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Melden Sur		
196. INFORMANT'S NAME (Type/Print) Dorothy Berli	ngame				Route Number, City or Town, S Yakima, W		8902
20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ram	oval from Stata	b. PLACE OF DISPOSITI-				TION — City or T	
4 Donation 5 Other (Specify)							
23. PART I. Enter the disease, or capacity of heart failure.	1 Lillian	od the deeth. Do not	Stat		omy Board		Md. Approximate
iMMEDIATE CAUSE (Final disease or condition reaulting in death)	. Cons	A CONSEQUENCE OF:	Heg	ut fe	reline		Onset and Death
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):	- XII	ny C	ance		
	d						
PART II. Other aignificent condition	na contributing to death	but not reauiting in	the underlying	cause given in	Part i. 24a. WAS AN AL PERFORMI 1 YES 2	ED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
							D 177 7 D 119
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (C/	neck only one)		
1 WES 2 NO	1 - Inpetient 2 - ER/Ou	tpatient 3 DOA 4	☐ Nursing Home		6 - Other (Specify)		
27. MANNER OF DEATH 1 Netural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME C	Y WO	JRY AT RK? ES 2 NO	28d. DESCRIBE HOW INJ	URY OCCURED	
2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJUR building, atc. (Sp	Y — At home, farm, atre			261. LOCATION (Street end City or Town, State)	l Number or Rural	Route Number,
2 PEDICAL EXAMINE	ICIAN: To the best of my kno			eath occured at the	time, date end place, end	due to the cause	
291/2910HATURE AND TITLE OF CERTIFIES	NZM	EATH (ITEM 27) (Type, F	berdo	Sec. LICENSE NU	-24635	DATE SIGNE	Month, Gey, Year)
31. DATE FILED (MONT), ON 1999	72. AEGISTRAR'S SIG		,				

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rithin 72 hours after death with the state Dept. Of health and invental hygierie prior to burial, cremation, or re	ANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the med	
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1. DECEDENT'S NAME (First, Middle, Last)																				
4							2. DATE OF D	EATH DAY	٧	EAR	3. TIME OF DEATH									
IRVING EREY							1772-1	15	1990		8:55 A									
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. less	t birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI	RTH	6.	BIRTHP	LACE (State or Foreign									
216-42-6740	1 🔀 M 2 🗆 F	46	YRS.	MONTHS	DAYS	HOURS MIN.	(Month, Pey,	*** 4 4		Country)	MD.									
9e. FACILITY NAME (If not institution, give a	street end number)			9h CITY	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					ATH										
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THE JOHNS HOPKIN	<u>NS HOSPIT</u>	AL		BALT	IMO	RE			BALTI	MOR:	E CITY									
10a, STATE 10b, COUNT	10c, CIT	Y, TOWN O	R LOCAT	TION					10d, INSIDE CITY											
Md. Ha		ltim			air				LIMITS?											
10e. STREET AND NUMBER	rford					. ZIP CODE			40 - 0171701		1 ☐ YES 2 🙀 NO									
CENTRAL HEROTECH									10g. CITIZEI	4 OF WE	IAI COUNTRY?									
918 Alexandri						1014				S.A										
11. MARITAL STATUS	T EVER IN U.S. AR	MED 10			ENDENT OF HISPAN ecify Cuban, Mexica			r No- 14	Black,	American Indien, White, etc.										
1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES				2 NO Specifi				Specify	White									
	1	tnam																		
15. DECEDENT'S EDU (Specify only highest grade		(G)	ive kind of	Work done	CCUPATIO	ON ast of working	16b, KIND	OF BUSI	NESS/INDUS	TRY										
Elementery/Secondery (0-12)	College (1-4 or 5+	Hila	Do NOT u	se retired.)																
			Poli	ce s	Sar	geant	В	alto	. Ci	ty										
17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA														
Houston Frey						Lilli	an Bu:	rton												
19e. INFORMANT'S NAME (Type/Print)		196	b. MAILING	ADDRESS	(Street a	and Number or Rural				ode)										
Eleanor Frey											0.1.4									
20e. METHOD OF DISPOSITION						dria Wa	A Rela		M.C.											
1 Burial 2 Cremetion 3 Rem	noval from State	other pla	ece)	SITION (Na	me or cei	metery, crematory or		20c. LOG	ATION — CR	y or row	m, Stata									
4 DSDonation 5 Other (Specify)																				
21. SIGNATURE OF FONERAL SERVICE LI	CENSEE 7	Re 10-1	7-9	22.	NAME A	NO ADDRESS OF FA	CILITY													
1 anolle	10 hed	2c		9	: - a +	e Ana	tomaz E	5~1	Dal4		MA									
State Anatomy Brd. Balto. Md. 2. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory errest, Approximate																				
ahock, or heart fallure. List only one cause on each line.																				
IMMEDIATE CAUSE (Final																				
disease or condition resulting in death) a. Acute Machine Technica DUE TO (OR AS A CONSEQUENCE OF):									1 has-											
DUE TO (OR AS A CONSEQUENCE OF):																				
Ca Circhous / Like Fallow										4200										
Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):																				
cause. Enter UNDERLYING CAUSE (Disease or injury	a Hyper	coasula	ble	5.	trate						cause, Enter UNDERLYING									
that initiated events	DUE TO	(OR AS A CONSE	OUENCE O	OF):						- AA 7										
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reaulting in death) LAST	d.										7									
resulting in obath) LAST	d										7									
PART II. Other algnificent condition	d						Part I. 24a	WAS AN A		24b.										
PART II. Other algnificent condition	d	death but not a						WAS AN A	167 97		AMILABLE PRIOR TO COMPLETION OF CAUS									
PART II. Other algorificent condition	d	death but not a						PERFORM	167 97		AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?									
PART II. Other algnificent condition	d	death but not a						PERFORM	167 97		AVAILABLE PRIOR TO COMPLETION OF CAUS									
PART II. Other algnificent condition	d	death but not a			ndarlyin	g ceusa given in	_ /	PERFORM	167 97		AVAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH?									
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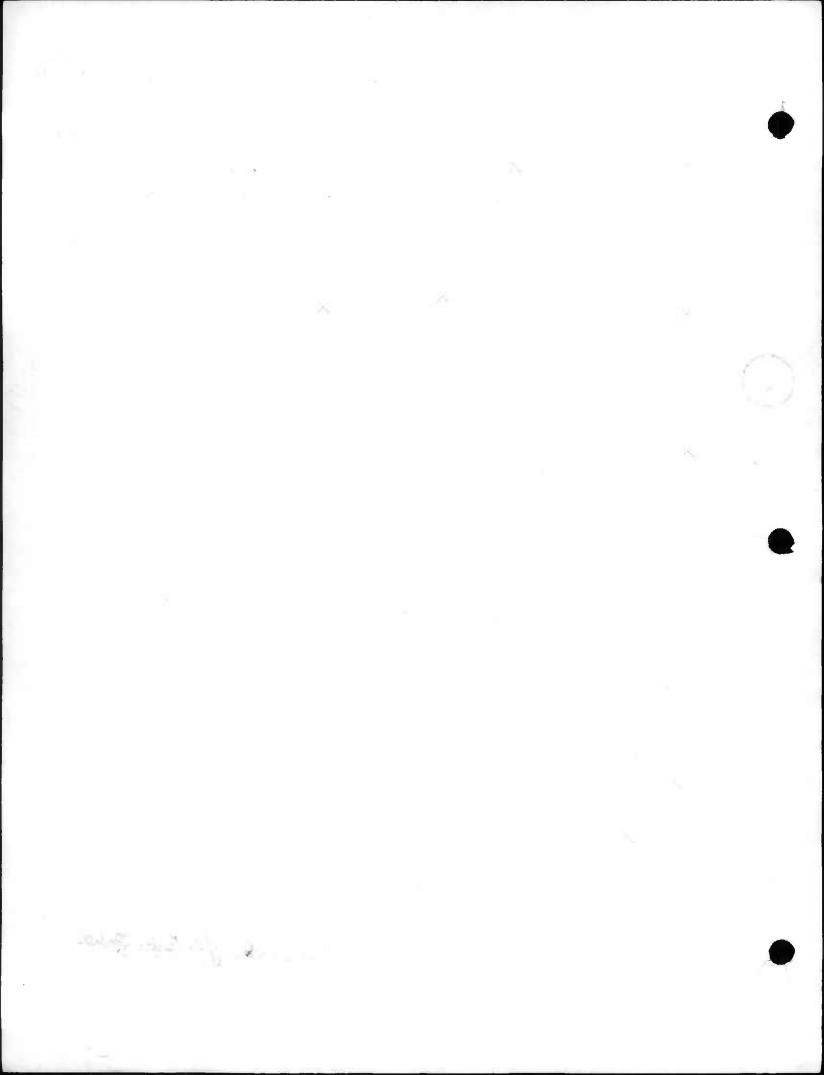
21203-3146

BALTIMORE, MARY

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

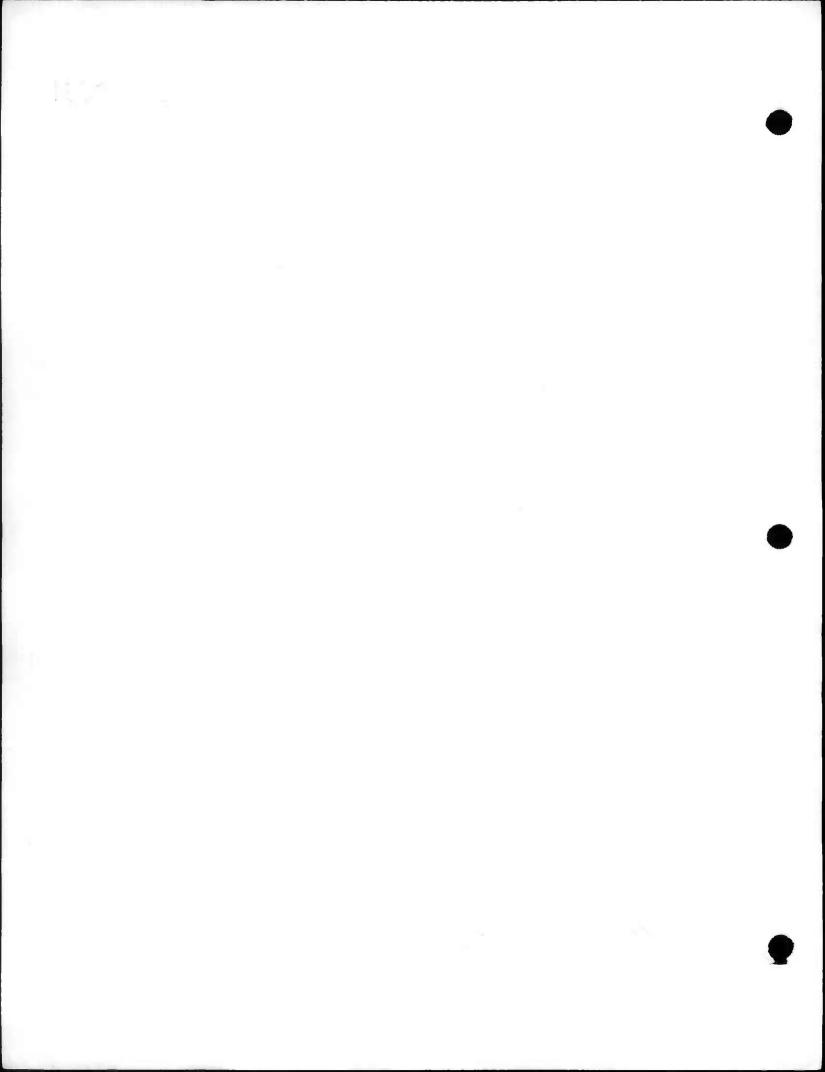
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at

	FOR STATE OF MA	RYLAND / DEPARTMENT CERTIFICAT	NT OF HEALTH AND MITE OF DEATH	MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) Helen M.	Ford		2. DATE OF DEATH MONTH 10 - 17	yean 3. TIME OF DEATH 90 11:06 p M			
	4. SOCIAL SECURITY NUMBER 215-09-5272 S. SEX 1 M 2 F	AGE (In yes, lest birthday) IF UND 81 YRS. MONTHS	DER 1 YEAR IF UNDER 24 HRS. B DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Ward) 02-22-09	a. BIRTHPLACE (State or Foreign Country) Maryland			
OR	9. FACILITY NAME (If not institution, give street and number) Harbor Hospital Center		ty, town on Location of DE Baltimore					
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	10c. CITY, TOWN			10d. INSIDE CITY LIMITS?			
	Md. Anne Arundel 100. STREET AND NUMBER	Pasa	101. ZIP CODE	10g. C	1 🗌 YES 2 🥱 NO			
FUNERAL	7801 Central Avenue 11. MARITAL STATUS 12. WAS DECEDENT B	VER IN U.S. ARMED 1	21122	IIC ORIGIN? (Specify Yea or No-	USA 14. RACE — American Indian,			
B	1 Never Married 2 Married 3 Wildowed 4 Divorced FORCES? 1 IF YES, GIVE WAR	YES 2 NO	If yes, specify Cuben, Maxice 1 YES 2 NO Specify	n, Puarto Rican, atc.)	Specify: White			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) O & 1. O & 2.	Ilfe. Do NOT use retired	ne during most of working	18b. KIND OF BUSINESS/I				
OME	8th. 17. FATHER'S NAME (First, Middle, Lest)	Homemaker	18. MOTHER'S NA	Domestic ME (First, Middle, Melden Surneme				
BE C	George Oetken			Marie Schlenker				
5	19a. INFORMANT'S NAME (Type/Print) Dorothy M. Denton			Route Number, City or Town, State,	100-00			
1	20e METHOD OF DISPOSITION Burial 2	20b. PLACE OF DISPOSITION	(Name of cometery, crematory or Memorial Park	20c. LOCATION	- City or Town, State ge, Md. 21227			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			guny ibbard Funeral				
	Dawn Z. Just	w		Ave., Baltim				
NOI					interval Between Onset and Death			
CERTIFICATION		R AS A CONSEQUENCE OF):	sin					
BY PHYSICIAN: MEDICAL	PART II. Other aignificant conditions contributing to de acutte hopping Kalum	P	underlying cause given in	Part i. 24a. WAS AN AUTOP: PERFORMED? 1 YES 2 NO	SY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		28. PLACE OF DEATH (Ch	neck only one)				
14Si			Nursing Home 5 Residence	B ☐ Other (Specify) 28d. DEŞCRIBE HOW INJURY	OCCUREO			
	1 Netural 5 Pending (Month, Day, 2 Accident Investigation 3 Subcide 28e. PLACE OF	NJURY – At home, farm, atreet,	WORK?	281. LOCATION (Street and Nun				
	8 Could not be 4 Homicide determined building, et	c. (Specify)		City or Town, State)				
COMPLETED	29e. CERTIFIER (Check only one) 2 MEOICAL EXAMINER: On the best of m							
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER N.		29c. LICENSE NU	MBER 29d. (DATE SIGNED (Month, Day, Year)			
۲	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE ALLA A KAPILIV SKY	OF DEATH (ITEM 27) (Type, Print)	HANOVER	ST RALT	100RE 170 21230			
	31. DATE FILE? (Month, Day, Year) 32. REGISTRAR		-0CT 19	1990 Julie Ke	idad-Harlett			
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TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled I
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	PR ATE GISTRAR	STATE OF MAR				EALTH AND I	MENTAL	HYGIENE	90	2	8551
	DENT'S NAME (First, Middle, L						2. DATE	OF DEATH	v ve	3. AR	TIME OF DEATH
	Gra	anville		L.	Gar	nett	I I	b-15-9	o "	1	0:22PM •
	AL SECURITY NUMBER		GE (In yrs. lest	MOI	UNDER 1 YEAR	IF UNDER 24 HRS.	(Month	OF BIRTH , Day, Year)		BIRTHPLA Country)	CE (State or Foreign
	9-28-5319	~ _	1 ☑ M 2 ☐ F S VRS. MONTHS DAYS HOURS WITH 9-5-1932							Md	
9a. FACILITY NAME (If not institution, give street and number) Comfort Inn Motel-24 W. Franklin St. Baltimore City 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH											
10a, STATE 10b, COUNTY 10c, CITY, TO						TION				100	I, INSIDE CITY
	Md			Balt [*]	imore						YES 2 NO
10e. STR	2753 Winche	ster Street			10	2, ZIP CODE			10g. CITIZEN		COUNTRY?
11. MARI	ITAL STATUS	12. WAS DECEDENT EV				ENDENT OF HISPAN			or No- 14.	RACE — Black, W	American Indian,
1 Never Married 2 Married FORCES? 1 YES IF YES, GIVE WAR OR DATE						ecify Cuban, Maxica 2 NO Specify		HCBN, OTC.)		Specify:	
3 🗆 🕶							1 3070		1		Black
	15. DECEDENT'S (Specify only highest (grade completed)	(GH	CEDENT'S USU ive kind of work Do NOT use re	JAL OCCUPATION done during me	ON ost of working	166	KIND OF BUS	INESS/INDUST	RY	
Elem	nentary/Secondary (0-12)	College (1-4 or 5+)	Beth Steel								
17. FATHE	FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Melden Surname)										
	anville H. G					Martha			,		
	ORMANT'S NAME (Type/Print)		196	. MAILING AD	DRESS (Street	and Number or Rural I	Route Numi	ber, City or Town	n, State, Zip Coo	de)	
	Martha Pres1	ey	7	701 Ar	lingto	n Avenue	Apt	611 Ba	altimo	re,	Md 21217
20s. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetary, crematory or other place) 20c. LOCATION — City or Town, State											
4 Donation 5 Other (Appelling a Park Arbutus, Md											
11. SIGNATURE OF FUNEFAL SERVICE DECEMBEE 22. NAME AND ADDRESS OF FACILITY March F/H West											
4300 Wabash AVenue											
23. PAI	RT Enter the diseases,	r complications that ca	used the de	eth. Do not					ratory arreat	,	Approximete
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Gunshot wound of neck DUE TO (OR AS A CONSEQUENCE OF):											
Sequentisity ilst conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
PART I	II. Other significent cond	litions contributing to der	ith but not r	esulting in t	he underlylr	g cause given in	Part i.	24a. WAS AN PERFOR			RE AUTOPSY FINDINGS
								€XXYES 2		CC	MPLETION OF CAUSE DEATH?
						_				X	YES 2 NO
EXA	G CASE REFERRED TO MEDIC AMINER?	HOSPITAL:		0	THED.	LACE OF DEATH (C)	-		Motel		
	YES 2 NO	1 Inpetient 2 ER		DOA 4	☐ Nursing Ho	ne 5 🗆 Rasidence	_				
	INER OF DEATH Natural 5 Pending	28a. DATE OF INJ (Month, Day,) FOUND: 1		28b. TIME O	Y _ W	JURY AT ORK? YES 2XXNO		ject s	NJURY OCCUR	ED	
2 🗌	Accident Investiga	tion		<u> </u>						O Co	- Minha
	Suicide 6 Could no datermin		(Specify)	ине, тагт, асге	et, ractory, om	Motel	261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMFORT Inn MOtel, 24 W. Fra				04 W. Frai
29a. CEF											
	1 CERTIFYING	PHYSICIAN: To the best of my	knowledga, de	ath occurred a	nt the time, dat	a and place, and due	e to the ca	use(a) and mai	nner sa stated.		ed manner on stated
1			TOOP BROOK	A A	п ту оричоп,			and place, en			
29c. LICENSE NUMBER 29d. DATE SIGNED (Mont											
70 MARS		N WHO COMPLETED CALLES	W CHATH ATE	M 27) (5-1)	inth	COME			_	-T	J-90
1	MAR¥OF. GOL	V	THE (ITE	.m. ∡≀) (Type Pr		Penn Stre	eet.E	Baltimo	ore,MD	2120	01
31. DATE	E FILE THY HE DOUGH HAY!		SIGNATURE						,		
29b. SIG	GNATURE AND TITLE OF SELECTION	N WHO COMPLETED CAUSE O	ination and/or	Investigation, M 27) (Type Pr	in my opinion, int) 111	29c. LICENSE NU	time, date	a and place, en	29d. DATE \$	IGNED (M	onth, Da



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Cours after death. Page 6 may be retained by the hospital physician physician.	sician,	•
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained in the secondary and the secondary of the secondary permit. Pages 1, 2, 3 should	al-transit permit. Pages 1, 2, 3 should	
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.		
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	•	

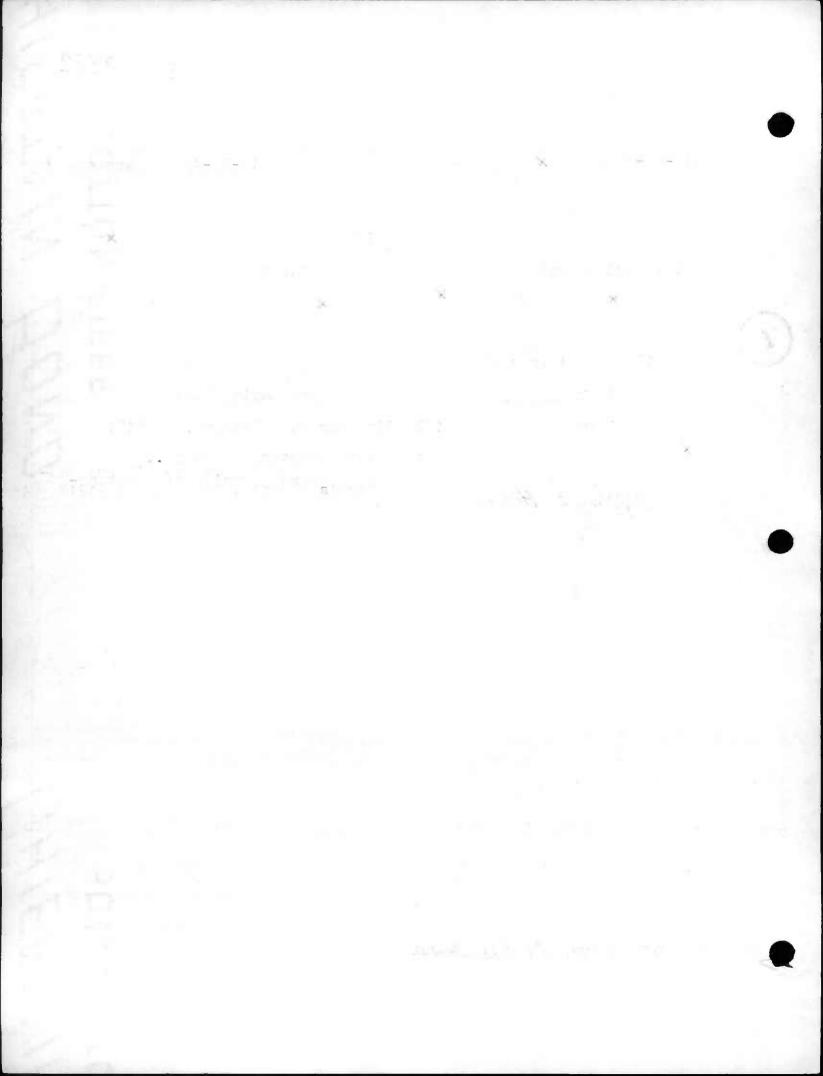
BALTIMORE, MARYLAND TZU 3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

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NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Nyol. Print) FRANK PERETTI, MD 29c. LICENSE NUMBER OCME 29d. DATE SIGNED (Month, Day, Vola) 10-18-90 21201	(Check only	the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s							and manner as state
FRANK PERETTI,MD 111 Penn Street,Baltimore,MD 21201	MIGHATURE AND TITLE OF CERTIF	HERY (nule	for	29c.	LICENSE NU			E SIQNED	(Month, Day, Year)
DATE FILED (Month, Dey, Year) 32. REGISTRAR'S SIGNATURE	FRANK PERETTI,M	D	111 P	enn Stree	t,Balt	imore,	MD 21201		



set permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21208

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	1 - REGISTRAR	CERTIFIC	ATE OF DEATH	F	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF		3. TIME OF DEATH		
	Leslie Leon Gr	een		10	15 90	1 1 1		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. /		F UNDER 1 YEAR IF UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN UNDER 24 IN	AIN. 7. DATE OF I	BIRTIN 194. Year, 1924	BIRTHPLACE (State or Foreign Country) Virginia		
FOR	98. FACILITY NAME (If not institution, give street and number) F-LCLL CK MPMOFIAL RESIDENCE OF DECEDENT	Hospital"	b. CITY, TOWN OR LOCATION Freelo			O I FRED		
DIRECTOR	100. STATE 100. COUNTY Maryland Frederick		rown on Location ederick	/		10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 7906 Worman's Mill Road		10f. ZIP CODE 21701			of A.		
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEOENT EVEN FORCES? XX JF, YES, GIVE WAR 6	ER IN U.S. ARMED YES 2 NO OR DATES	13. WAS DECENDENT OF N If yes, specify Cuben, 8 1 YES 2 NO	Mexican, Puerto Rica	n, atc.)	4. RACE — American Indian, Black, While, atc. Specify: Caucasian		
03.	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US	UAL OCCUPATION	16b. KII	ND OF BUSINESS/INDUS	STRY		
COMPLETED	Elementary/Secondary (0-12) Collage (1-4 or 5+)		k done during most of working etired.) Engineer	Rai	ilroad			
BE COI	17. FATNER'S NAME (First, Middle, Last) Thomas E. Green			rs name (First, Midd nche Bake				
TO B	19a. INFORMANT'S NAME (Type/Print) Dolores Wilt Green	19b. MAILING AI 160-D (DORESS (Street and Number or Willow Dale 1	Pural Route Number, Or. Apt 2	City or Town, State, Zip C	rick, Md. 217		
	20s_METHOD OF DISPOSITION **CABurtal** 2	206. PLACE OF DISPOSITE	ON (Name of cemetery, crematory	ary or	20c. LOCATION - CH Taylorsto			
	21. SIGNATURE OF FUNEZAL SERVICE LICENSEE	1	22. NAME AND ADDRESS Brown Fune	ral Home	P.O. Box .			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury.	AS A CONSEQUENCE OF):	ary /	rrest sease	۷.	st, Approximata interval Betwee Onset and Dea		
DICAL	PART II. Other eignificant conditions contributing to dec	nth but not resulting in	the underlying cause give		a. WAS AN AUTOPSY PERFORMED? YES 2 1 NO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one)							
0	EXAMINER? HOSPITAL:		THER:	, , , , , ,				
PHYSICIAN: ME	27. MANNER OF DEATN 28s. DATE OF INJ (Month, Dec.)	URY 28b. TIME (28d. DESCR	(pecify) IBE NOW INJURY OCCU	JRED		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicide determined	JURY At home, ferm, stre (Specify)	net, factory, office	281. LOCATIO	ON (Street and Number of lown, State)	r Rurel Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my MEDICAL EXAMINER: On the best of examiner							
	296. SIGHATORE AND TITLE OF CERTIFIER		29c. LICENS	SE NUMBER	29d. DATE	SIGNED (Month, Day, Year)		
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10	38. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSES	BOUNG LA	ick, no	217	16	1.01.		
	31. DATE FILEO (Month, Dey, Year) 32. REGISTRAR'S				'0 ,			
	OCT 1 9 1990 Julie Dec	idson-Randelle						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for up 6 filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 cours after death. Page 6 may be retained by the hospital or the course of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properti	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REG. NO.							
	1. DECEOENT'S NAME (First, Middle, Last) Dong F. Hudson 2. OATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH MONTH DAY YEAR 5 2 7 M							
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Morith, Day, Vest) OUT OF BIRTH COUNTRY) OUT OF BIRTH COUNTRY OUT OF BIRTH							
	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH							
DIRECTOR	Keswick Nursing Home Bultimore City							
E I	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?							
□	MARYLAND BALTIMORE CATUNSVILLE 1 - Mes 2 NO							
FUNERAL	100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 21228 U. S. A							
5	11. MARITAL STATUS 1 Never Merried 12. WAS DECEDENT EVER IN U.S. A RIMEO FORCES? 1 YES 2 WHO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. RACE — American Indian, Block, White, atc.							
BY	3 Definition of 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify: BLACK							
8	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working							
COMPLET	Elementary/Secondery (0-12) College (1-4 or 6+) Ife. Do NOT use retired.) NOMEMAINER							
OM	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame)							
Ö	CHARLES TROUP BEANCHE EDMONDS							
) BE	19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code)							
5	ANNA MCIVER 5898 OLD FREDRICK RD CATONSVILLE MO 21228							
	20e. METHOD OF DISPOSITION 1 Pauriel 2 Cremeiton 3 Removal from Stele 4 Donalion 5 Other (Specify) 20b. PLACE OF OISPOSITION (Name of cemetery, cremetory or other place) FARMOUNT CAN **NEWARK N.J.**							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY & S FUNERAL FORMS							
	Hoseph d. Kuss 2222 W. NorTh Aue. Bolto Ind. 21216							
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cerdisc or respiratory errest, shock, or heart fellure. List only one cause on sech line. IMMEDIATE CAUSE (Final							
	disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition							
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CERTIFICATION	Sequentielly list conditions, If any, leeding to immediate							
CA	cause. Enter UNDERLYING CAUSE (Disease or injury							
F	thet initiated events OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST							
CER	d							
	PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY PREPORTED. 24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO							
MEDICAL	1 U YES 2 NO COMPLETION OF CAUSE OF DEATH?							
ME	1 YES 2 NO							
<u>S</u>	25. WAS CASE REFERREO TO MEDICAL EXAMINER? HOSPITAL: OTHER:							
PHYSICIAN:	1 ☐ YES 2 NO 1 ☐ Inpatient 2 ☐ ER/Oulpatient 3 ☐ DOA 4 Nursing Home 5 ☐ Recidence 6 ☐ Other (Specify) 27. MANNER OF OEATH 28c. DATE OF INJURY 26b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED							
ВУ Р	1 Netural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation M 1 YES 2 NO							
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — Ai home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
Ē	29a. CERTIFIER (Chack only) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) end manner ee stated.							
COMPLETED	One) 2 MEDICAL EXAMINED On the heads of examination and/or investigation in my coloring death acquired at the line date and place and due to the expects and manner as stated							
ш	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)							
TO B	Hom F Hadman, M.D 00 5403 10-17-90							
_	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Typo, Print) HOHN F HARTMAN - KESWICK N. 14. 700 W. 40 th St. BALTO. MA 21211							
	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNEO (MORITH, Day, Your) 10-17-90 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) 10-17-90 31. DATE FILEO (MORITH, Day, Your) 32. REGISTRAR'S SIGNATURE 0CT 19 1990 33. REGISTRAR'S SIGNATURE							

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

ansit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-mours after death. Page 6 may be retained by the hospital TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notifiled at once.

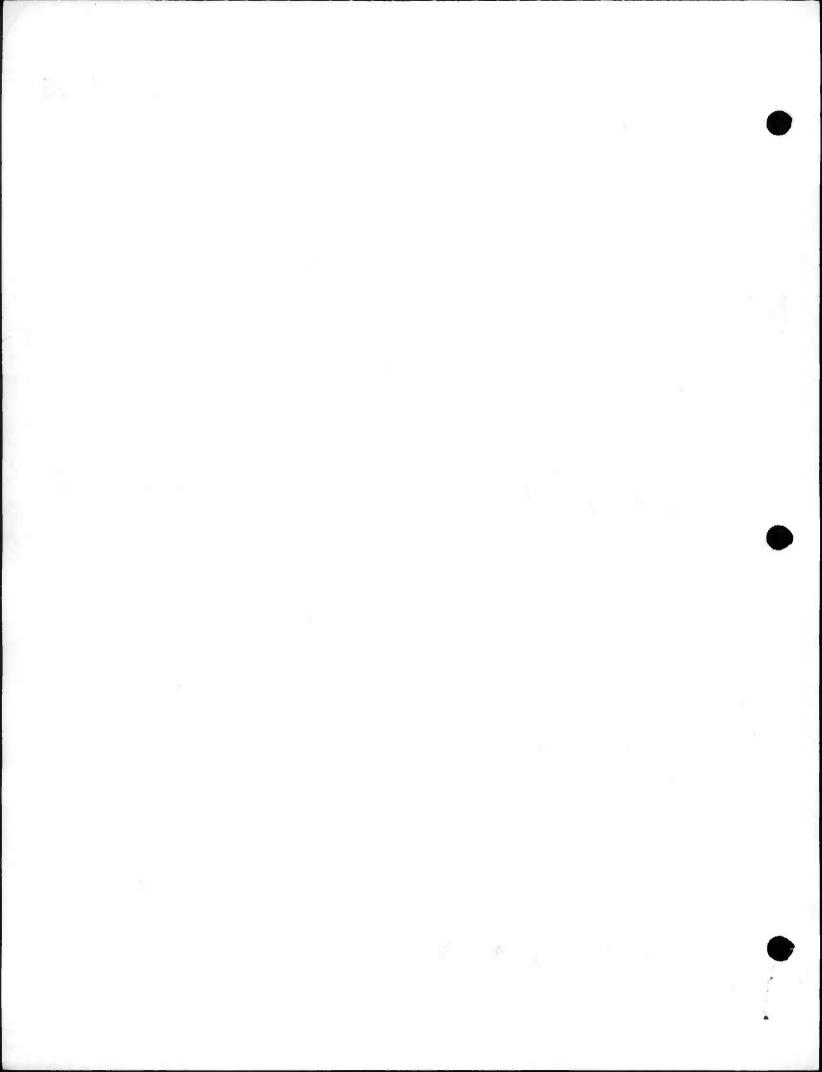
TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

90 28555

REGISTRAR		CERTIFIC	ATE OF	DEATH	REG.	NO.		
1. DECEDENT'S NAME (First, Middle, Lest) KEVIN	HUGHES				2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 257-41-4502			F UNDER 1 YEAR DNTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year 01 21	70	6. BIRTHPI Country)	LACE (State or Foreign
98. FACILITY NAME (# not institution, give st PRINCE GEORGES				OR LOCATION OF DE	EATH		NTY OF DEA	
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c CITY 1	TOWN OR LOCA	TION				IOd. INSIDE CITY
	ce George	1 '	verdal					LIMITS?
10e. STREET AND NUMBER			10	f. ZIP CODE		1		IAT COUNTRY?
5503 54th. Ave.	12. WAS DECEDENT EVER II		1	20737	VIC ORIGIN? (Specify			States
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	XX NO	If yes, sp		n, Puerto Rican, etc.		Black, Specify:	- American Indian, White, atc. : : Black
15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S US (Give kind of wor	k done during me	ON ost of working	16b. KIND OF	BUSINESS/INI	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Labore	,			Priva	ate	
17. FATHER'S NAME (First, Middle, Last)				100	ME (First, Middle, Ma.			
James Edward Hugh	es	19b. MAILING A	OORESS (Street		Barbara S Route Number, City or		n Code)	
Barbara Hughes								and 20781
20a. METHOD OF DISPOSITION State	oval from State	b. PLACE OF DISPOSIT				LOCATION -		
4 Donation 5 Other (Specify)		Harmony			I	andove	er, Ma	aryland
M. SIGNATURE OF FUNERAL SERVICE LIE	14 leas	In						neral Home Land 20785
22. PATH I. Enter the disease, or chock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Hodgi	A CONSEQUENCE OF):				eaphratory an		Approximate Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF):						
PART II. Other algnificant condition	s contributing to deeth b	but not resulting in	the underlyin	g cause given in	PER	S AN AUTOPSY RFORMED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. F	LACE OF DEATH (C/	neck only one)			
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 X Inpatient 2 ☐ ER/Out		OTHER:	ne 5 🗆 Residence	6 - Other (Specify)			
27. MANNER OF DEATH 1 Naturel 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME INJUI	RY W	JURY AT ORK? YES 2 NO	28d. DEŞCRIBE H	OW INJURY OC	CURED	
3 Suicide 6 Could not be determined	28e. PLACE OF INJUR' building, etc. (Spe	Y — At home, farm, str ocify)	eet, factory, offi	Co	281. LOCATION (St City or Town, S		er or Runal Ro	oute Number,
Control only	CIAN: To the best of my know							end menner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	en 40			29c, LICENSE NU	MBER 710	29d. DA	TE SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WH		EATH (ITEM 27) (Type, F	. D.	#201	lin for	40 20	132	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	NATURE						-



1, DECEDENT'S NAME (First Middle Last) DONALD LEWIS HARLAND Harlan HARLAND Harlan DONALD 7. DATE OF BIRTH 8/19/15 IF UNDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In vrs. In-t birthday) DAYS 2 = F 75 9/19/15 9a, FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR HOWARD COUNTY GENERAL HOSPITAL COLUMBIA 100 STATE 10b. COUNTY 10-CITY, TOWN OR LOCATION MARRIAN DANVILLE 10a. STREET AND NUMBER FUNERAL 10f. ZIP CODE 147 WINTHROP DRIVE ~ 24540 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-1 Never Married 2 Married FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 2 NO If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2X NO Specify: BY 3 Widowed 4 Divorced ETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) COMPL **PREACHER** 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) LEWIS OMER HARLAND Harlan EDNA MABEL BE 190. INFORMANT'S NAME (Type/Print) Grace Harlan 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Wifd 147 WINTHROP DRIVE, DANVILLE, VIRGINIA 24540 20a. METHOD OF DISPOSITION
1 XBuriel 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or HIGHLAND BURIAL PARK 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory street, shock, or haart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition 10CANDAR reaulting in deeth) ARTHOGENIC CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated evente resulting in death) LAST PART II. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part I. MEDICAL PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?
1 YES 2 NO 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: patient 2 - ER/Outpatient 3 - DOA ng Home 5 - Rasidence & - Other (Specify) 4 I Numi 28b. TIME OF 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT Netural 6 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be determined COMPLETED 4 🔲 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(a) and manner as stated. 296 SIGNATURE AND THELE OF CERTIFIES 98

USE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

ICOTT CENTER DR

2. DATE OF DEATH 10/16/90 MONTH DAY 3. TIME OF DEATH * BIRTHPLACE (State or Foreign OHIO 96. COUNTY OF DEATH HOWARD 10d. INSIDE CITY 1 X YES 2 NO 10g. CITLYFN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, etc. WHITE 16b. KIND OF BUSINESS/INDUSTRY BAPTIST MINISTER STONEBURNER 20c. LOCATION - City or Town, State DANVILLE, VIRGINIA TWIN KNOLLS ROAD, COLUMBIA, MD. 21045 Approximate Interval Between Onset, and Death 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | NO 28d. DEŞCRIBE HOW INJURY OCCURED 261, LOCATION (Street and Number or Rural Route Number, City or Town, State) 90

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MARYLAND 21203-31

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Page 6 may be retained

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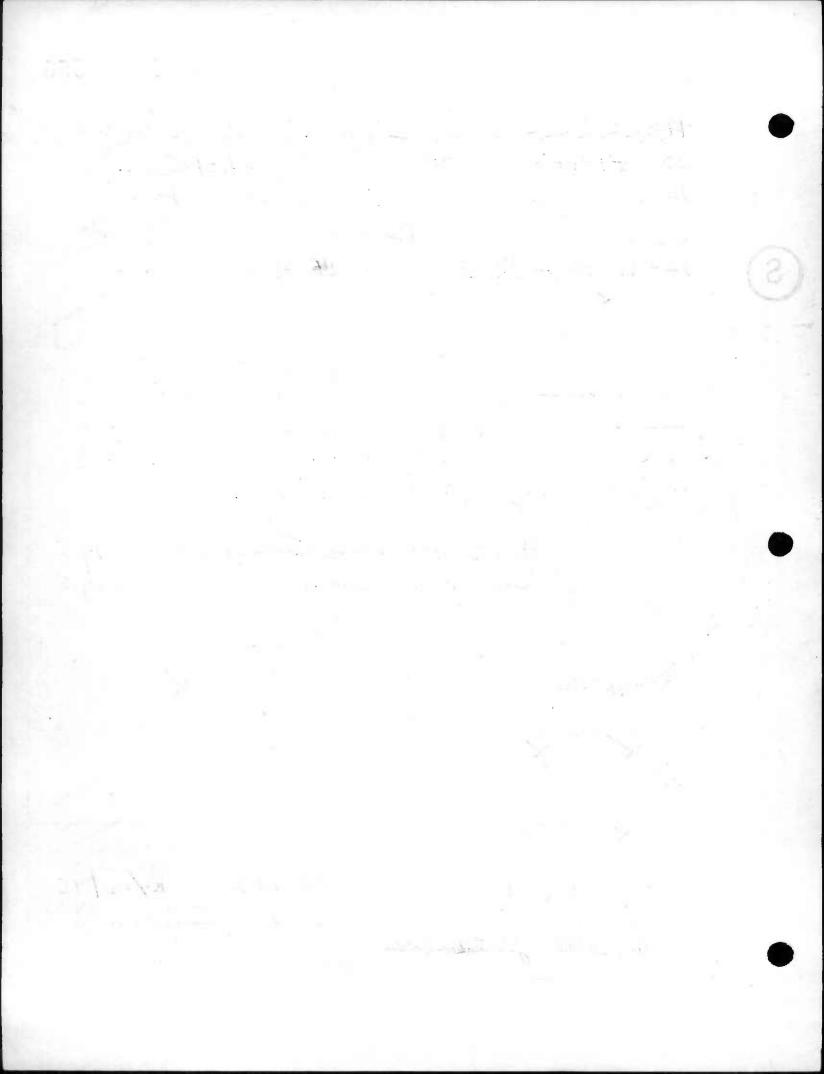
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed writhin Sciours af	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by	٩	

	1 - FOR STATE REGISTRAR	STATE OF MARYLANI	D / DEPARTMI			IENTAL HYGIENI REG. NO.		, 2000.		
	1. DECEDENT'S NAME (First, Middle, Last)	ALIA HA.	RRIS			2. DATE OF DEATH	90	3. TIME OF DEATH M		
-	4. SOCIAL SECURITY NUMBER 677-40-3855	1 🗆 M 2 🕟	7 6yrs. MONT	THS DAYS F	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	1914	RTNPLACE (State or Foreign Dunity) ENGLARD		
TOR	9a. FACILITY NAME (If not institution, give st 9a. FACILITY NAME (If not institution, give st 9a. FACILITY NAME (If not institution, give st 9a. FACILITY NAME (If not institution, give st 9a. FACILITY NAME (If not institution, give st 9a. FACILITY NAME (If not institution, give st 9a. FACILITY NAME (If not institution, give st 9a. FACILITY NAME (If not institution, give st 9a. FACILITY NAME (If not institution, give st 9a. FACILITY NAME (If not institution, give st 9a. FACILITY NAME (If not institution, give st 9a. FACILITY NAME (If not institution, give st 9a. FACILITY NAME (If not institution, give st 10a. FACILITY NAME (If not institution, give st 1	FILL LANE	9b. 	byre	LOCATION OF DE	20709	9c. COUNTY C	F OEATN		
DIRECTOR	10a. STATE 10b. COUNTY	ce Georges		wn or locatio rel	N		10d. <u>[</u>			
FUNERAL	9213 Twin Hil				0 7 0 8		U.S.A	OF WHAT COUNTRY?		
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	XNO.	If yes, speci		C ORIGIN? (Specify Yea , Puarto Rican, atc.)		RACE — American Indian, Black, Whita, atc. Specify: White		
COMPLETED	15. OECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of work of life. Do NOT use retin Sales	done during most		166 KIND OF BUS		IY .		
	17. FATHER'S NAME (First, Middle, Last) Frederick J.	Brennan				ME (First, Middle, Maiden and and and and and and and and and an	Surname)			
TO BE	19a. INFORMANT'S NAME (Type/Print) Martha Harris	DI OMMAN	1000 F		Number or Rural R	oute Number, City or Town				
	Martha Harris 9213 Twin Hill Ln., Laurel, Md. 207 20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)									
	21. SIGNATURE OF FUNERAL SERVICE LIC	1 Whee	17-96		Anato	omy Brd.	Balto	. Md.		
	23. PART I. Enter the diseases, Dr ehock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	e. Acre	es of		of dying, such	,	ratory arrest,	Approximate interval Between Onset and Death		
CERTIFICATION	Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
MEDICAL CE	PART II. Other significent condition	ns contributing to death but in	not resulting in the	ne underlying	ceuse given in	Part I. 24a. WAS AN PERFOR	MEO?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
IAN: M	25. WAS CASE REFERENCED MEDICAL			26. PLA	CE OF DEATH Ch	ack only one)		1 120 2 100		
BY PHYSICIAN:	EXAMMER? 1 YES 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	HOSPITAL: 1 Inpatient 2 ER/Outpetle 26e. DATE OF INJURY (Month, Dey, Year)		26c. INJU	RY AT	6 Other (Specify) 28d. DE\$CRIBE NOW I	NJURY OCCURE	ED .		
田田	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY — building, etc. (Specify)	At home, farm, atree	t, factory, office		281. LOCATION (Street : City or Town, State)	and Number or R	ural Route Number,		
COMPLETED	contact only	ICIAN: To the best of my knowleds						use(a) and manner as stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	vace, M	D.		29c, LICENSE NUN D/287	ABER	29d. DATE SIG	CIZ-1990		
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Prin	01 11	PAFTON	DR. L	+PC	NT 207		

32. REGISTRAR'S SIGNATURE

BALTIMORE, MARYLAND 21203-3146

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notilled at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1.	REGISTRAR			CE	ERTIFI	CATE	OF	DEATH		REG. NO.				
1. (Bessie O.		chison						2. DATE OF MONTH 1 0	DA	2	YEAR 9.0	3. TIME OF DEATH	
4.5	2 1 4 - 1 0 - 7 5	R		AGE (In yrs. les		IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF			8. BIRTH Country	PLACE (State or Foreign MD .	
1	715 Jackso	on St	et and number)					R LOCATION OF DE					ico	
104	esidence of dece	DENT 106. COUNTY Wicor	nico		10c. CITY, TOWN OR LOCATION Salisbury						10d. INSIDE CITY LIMITS? 1 YES 2 A NO			
1	. STREET AND NUMBER 715 Jackso	on Sti	reet					2 1 8 0 1			Ť	ZEN OF W	A .	
1[MARITAL STATUS Never Married 2 1 Nover Married 2 1 Nover Married 2 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Married 1 Nover Ma	larried	12. WAS DECEDENT EX FORCES? 1 I	YES 2 X		H	yes, spe	ENDENT OF HISPAN polify Cuben, Maxical 2 図 NO Specify	n, Puarto Ric		or No-		- American Indian, , White, atc. y: White	
F		DENT'S EDUCA highest grade o		16a. DE (G	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refred.) Presser					Shir			rv	
17.	17. FATHER'S NAME (First, Middle, Lest) Zeke Adkins X													
194	Thomas Hu		nson	19 7	15 J	acks	Street a	nd Number or Rural F Street	Route Number,	City or Tow isbu	n, Stata, Zij Yy,	Md.	21801	
1.0	Buriel 2 Cremetion	3 - Remo		other pi	lace)		e of cen	netery, cremetory or		20c. LO	CATION —	City or To	wn, Stata	
21.	SIGNATURE OF FUNERAL	SERVICE LICE	Allers	16.1	7-80	22. N		e Anato		oard	Ва	lto.	Md.	
Sit of City	equentielly list condition suiting in death) equentielly list conditions, leading to immediate. Enter UNDERLYIN AUSE (Disease or injuriant initiated events seulting in death) LAST	lete IG y c.	DUE TO (OR	AS A CONSE	OUENCE OF	7: (1:	fa w	rest						
P/	ART II. Other eignificer	t conditions	contributing to de	eth but not	resulting i	n the und	leriyin	g cause given in		4a. WAS AN PERFOR	RMED?	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
-	. WAS CASE REFERRED TO	MEDION T											1 TES 2 NO	
	EXAMINER?		HOSPITAL:	VOutpetient :	3 🗆 DOA	OTHER	:	ACE OF DEATH (Ch		Specify)			1/2	
		ending	26a. DATE OF INJ (Month, Day,	URY (bar)	28b. TIM INJ	E OF URY M	WO	URY AT DRK? YES 2 NO	28d, DEŞC	RIBE HOW	NJURY OC	CURED		
	3 Suicide a C	could not be etermined	28s. PLACE OF IN- building, atc.	IJURY — At he (Specify)	ome, farm, s	stree1, facto	ry, offic	•		iON (Street Town, State)		er or Rural f	Route Number,	
29	contact only		IAN: To the best of my										i) and manner as stated.	
29	b. SIGNATURE AND TITLE	og cesminen	ff.					29c. LICENSE NUI	MBER 7 / 9	,	29d, DA	TE SIGNED	(Month, Day, Year)	
30.	William t	PERSON WHO	COMPLETED CAUSE	OF DEATH (ITE		Print)	1.)0	W DOW	Sali	ish	151 1	W.J	5 1801	
31.	DATE FILED (Month, Day,)	990	32. BEGISTRAR'S	SIGNATURE	ndess	WIII	VIII	4 CHYC	- Cul	101V	4, 1	VIU.	~ 1001	

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Street, April 1

BALTIMORE, MARYLAND 21203-3146

BOX 13146, DIVISION OF VITAL RECORDS, P.O.

IMPORTANT

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HOOTIN, UN ALIENDING THE SAME INCOME. THE SAME INCOME.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page of the detached for use as the burial-transit permit. Pages 1, 3	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ITANT It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be outlied at once.
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90 28559 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH MONTH 10 F. Benjamin Hohmann 11:10 a. M 7. DATE OF BIRTH (Month, Day, Year) 12 07 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs, last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 1 - M 2 - F Balto., Md. 216-20-0841 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Baltimore DIRECTOR St. Martin's Home for the Aged Catonsville RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d, INSIDE CITY LIMITS? 10e. STATE Baltimore Md. Baltimore 1 XYES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21228 U.S.A. 104 Beaumont Ave. 14. RACE — American Indian, Black, White, etc. 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-FORCES? 1 YES 2 2 NO If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 Never Married 2 Married 1 TES 2 NO Specify: Specify: ΒY 3 Wildowed 4 Divorced white COMPLETED 15. DECEDENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5 +) Box Dept. Pittsburg plate glass 10 years 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Sumame) Katherine Mary Fugman George C. Hohmann BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) (P 601 Maiden Choice Lane Sr. Margaret Elizabeth Balto., Md. 21228 20s. METHOD OF DISPOSITION
12 Yourial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or New Cathedral Cemetery Baltimore, MD 21. SIGNATURE OF FUNCTION SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Hubbard Funeral Home, Inc. 4107 Wilkens Ave. Baltimore, MD 21229 23. PART I. Enter the diseases, or complications that ca the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, **Approximate** shock, or heart fallure. List only one cause on each line. terval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO TO CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL MAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 NO OF DEATH? 1 UES 3 NO 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL HOSPITAL: OTHER: 1 VES 2 740 1 | Inpatient 2 | ER/Outpatient 3 | DOA ome 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO B Investigation 2 Accident 28f. LOCATION (Street and Number or Rural Route Wymber, City or Town, State) 26s. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 3 Suicide ETED a Could not be Pa 4 Homicide determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time/data and place, and due to the cause(a) and manner as stated. 6 COMPL (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion death occured at the time, date and place, and due to the cause(a) and m 29b. SIGNATURE THO TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, BE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

3455 Wilkens Ave. Balto., Md. 21229 Dr. Sambandam Baskaran

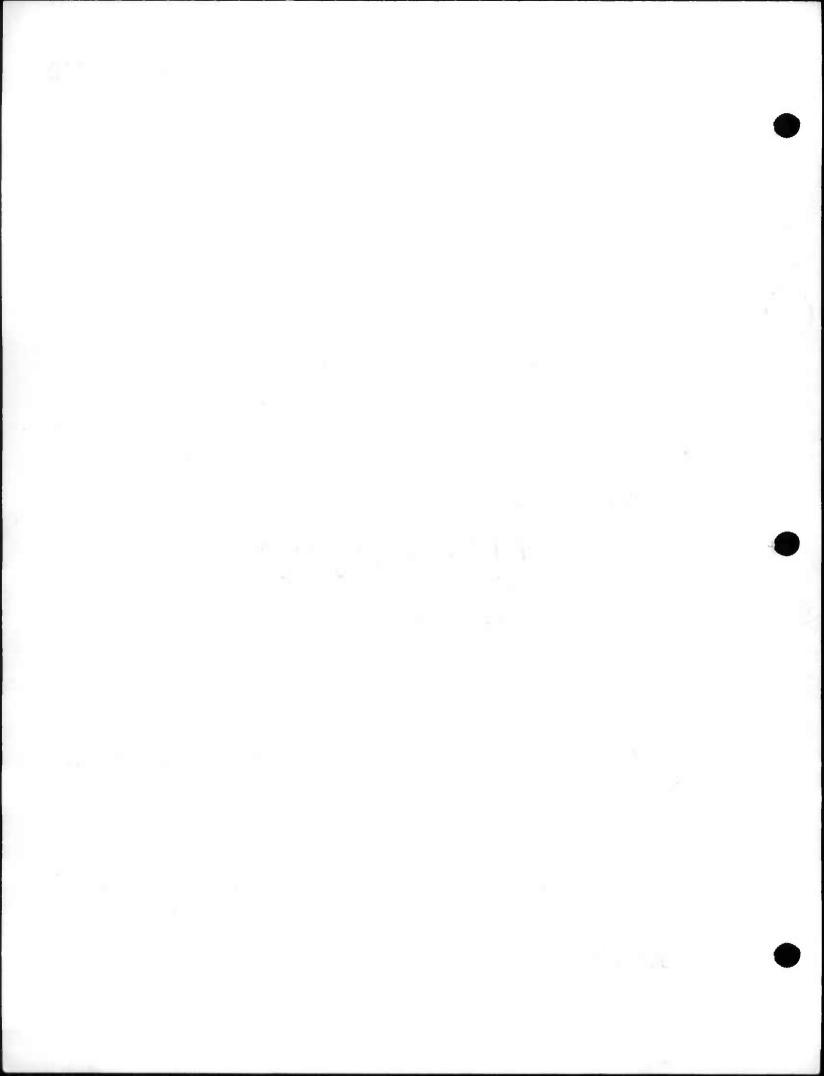
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

> 1 9 1990 Randell

BALTIMORE, MARYLAND 212

FOR STATE REGISTRAR	STATE	OF MARYLAND / DEPARTMENT OF HEALTH AND M CERTIFICATE OF DEATH	MENTAL
. DECEDENT'S NAME (First, M	liddle, Last)		2. DATE (
(Sister) M	arv Ann	Justiz, OSP	1 0

	FOR STATE REGISTRAR	STATE OF N				OF HEALTH		MENTAL HYGIEN REG. NO.			
į	1. DECEDENT'S NAME (First, Middle, Last)		P.				2. DATE OF DEATH			rime of DEATH a
ì	(Sister) Mary	Ann Jus	tiz. O	SP				I O I		O	3:30 M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les		IF UNDER 1	YEAR IF UND	ER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLA	CE (State or Foreign
	220-60-8047	1 □ M 2 🖟 F	67		_	DAYS HOURS		(Month, Dey, Year) 09-24-2	_ '	Country)	•
	9a, FACILITY NAME (If not institution, give	,,,	6 /		ah CITY	TOWN OR LOCA	TION OF D		9c. COUNTY		4
æ											
DIRECTOR	Oblate Siste	rs of Pr	<u>oviden</u>	ice	HCU)	Cato	nsvi	lle	Bal	timo	re
S	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSI										
Ĭ	MD Bal	+ i mara								1.0	LIMITS? YES 2 1 NO
	10e. STREET AND NUMBER	timore		1 (ator	SVILL			10g. CITIZEN		
FUNERAL						14.1	7.70		log. CITIZEN	OF WHAI	COORTHIT
	701 Gun Road	-					<u> 27-3</u>		UŞA		
5	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 KYES 2 NO Specify: Cuban Hispa										American Indian, site, atc.
BY											
											anic
	15. DECEDENT'S ED (Specify only highest grad	(UCATION ::de completed)	16a. DE	ECEDENT'S Sive kind of v	USUAL OC	CUPATION uring most of work	king	16b. KIND OF BUS	SINESS/INDUST	rry	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5 -	F)	. Do NOT us	e retired.)						
Ē		M.S. in	Ed. T	each	er/S	panis	h Ar	ostolate			
5	17. FATHER'S NAME (First, Middle, Last)				Dec 15			ME (First, Middle, Malden	Surname)		
	Manuel Justi:	Z					Mar	iana Lun	a		
BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street and Numb		Floute Number, City or Tow		de)	
2	Sister M. Ale	ovic Fic		SP							
	20a. WETHOD OF DISPOSITION	SXIS FIS				e of cometery, on		Baltimo	CATION - CITY		
- 1	1 FBurial 2 Cremation 3 Re	movel from State	other pi	(age)	Dowl	Ceme	L o see	200. 10			
- 1	4 Donation 5 Other (Specify)			don					ltimo	re,	MD
- 1	21. SIGNATURE OF FUNDRAL SERVICE I	ICENSEE	/	1	22. N	AME AND ADDR	ESS OF F	Valuty last			
	* Mila	711	DILL	_	171	WCC 1/2	P. H	washach	Aug 1	,	
	23. PART i. Entar tha diseeses, or	complications the	t caused the de	eath. Do r	ot enter i	he mode of d	vino su	th as cardiac or respi	retory errest	t. [Approximate
ľ	ahock, or heart failure						ying, ou		itolory office.	"	intervai Between
	IMMEDIATE CAUSE (Final	M	7 14	100	0	100	\sim	11			Onset and Daath
	disease or condition resulting in death)		EVV	11	4	0	1				
		DUE TO	(OR AS A CONSE	SQUENCE OF	6/	1.	1 -	2/10			
z	•	5	2131	is	Y	an	0 (MUL	,		
일	Sequentielly list conditions, if any, laeding to immediata	DOE TO	OR AS CONSE	QUENCE OF	Di-						
RTIFICATION	cause. Enter UNDERLYING	. 5	toi	N	1						
ᄩᅵ	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSE	QUENCE O	F):						
	resulting in death) LAST										
<u> </u>											
ا د	PART ii. Other significant condition	ons contributing to	death but not	resulting	in the unc	derlying cause	given in	Part i. 24s. WAS AN			RE AUTOPSY FINDINGS
8								1 _ YES 2		CO	MPLETION OF CAUSE
MEDI								' ' ' ' ' ' ' ' '	NO		DEATH?
										1 1	YES 2 NO
ž										<u></u>	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER	28. PLACE OF	DEATH (C	heck anly one)	. /	,	A -
2	1 YES 2 SENO	1 Inpatient 2	ER/Outpatient	3 🗆 DOA			Residence	6 COther (Specify)	Enst	nm	ary
ا ج	27. MANNER OF DEATH	26a. DATE OF (Month, D	INJURY	28b. TIM	IE OF	28c. INJURY AT WORK?	1	28d. DESCRIBE HOW	NJURY OCCUP	RED	
	Natural 5 Pending		· · · · · · · · · · · · · · · · · · ·		M	1 YES 2	□ NO				
BÁ	2 Accident Investigation 3 Suicide 6 Could not b	28e. PLACE C	OF INJURY — At he	ome, farm,	street, facto	ry, office		261. LOCATION (Street		Rural Route	Number,
=	4 Homicide determined	building,	, etc. (Specify)					City or Town, State,			
	29a. CERTIFIER A CENTERVINO DUI										
<u> </u>	(Check only							e to the cause(a) and ma			
COMPLETED	One) 2 MEDICAL EXAMI	NER: On the basis of a	xamination and/or	Investigation	on, in my op	olnion, death occ	cured at th	e time, data and place, as	nd dua to the c	ause(a) an	d manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIF	IER A				29c_L	ICENSE NU	IMBER	29d. DATE S	IGNED (Mc	orith, Day, Your)
H	NSI	Mar	au	MI	\wedge	(I)	11/	49	D //	1-1	9-40
2	20 MANS OF 17 CO	THE COURSE STATE	00.00.00.00.00	7.5	J		<u>~ 'C</u>	77/	7 10		. , , -
-	SAMBAND AM	BASKAK	SE OF DEATH (ITE		S H	VILKI	EN.	S NE V.	BALTI	MOR	4 MD 212
	31. DATE FILED (Morith, Day, Year)	32. REGISTAL	AR'S SIGNATURE	della							



30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

mit. Pages 1, 2, 3 should Page 6 may be retained by the hospital or attending BALTIMORE, MARYLAND 21203-38 use Po page 5 should be detached director, funeral urs after death. in by the fi filled in by 0 completely filled rial, cremation, o executed within BOX 13146, been signed by the attending physician and con at. of Health and Mental Hygiene prior to burial, certificate be Ö ٣. that the death RECORDS, requires 1 has be AR. 23 DIVISION OF VITAL

OR ATTENDING PHYSICIAN: The 1

c. After this certificate h r death with the State [

DIRECTOR: A

TO THE FUNERAL DI be filed within 72 ho IMPORTANT: If Its THE HOSPITAL

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Item

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marked,

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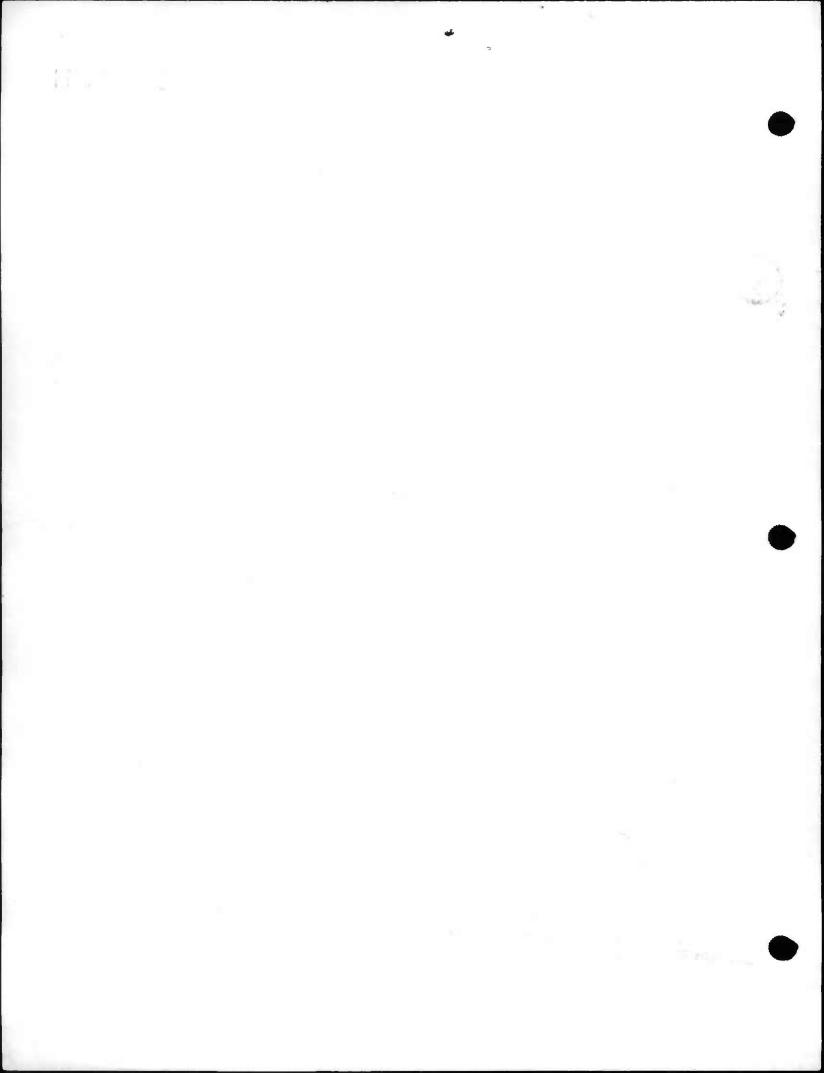
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notified at once. pe must examiner medical the event, 1 traumatic other 9 injury, shows any i

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -**CERTIFICATE OF DEATH** REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 11:10 Ohnson 1/4 90 10 6. AGE (In yrs. lesi birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH A SOCIAL SECURITY NUMBER 6. BIRTNPLACE (State or Foreign (Month, Day, Year) 1 5 218-07-0581 HOURS 7 5ms. DAYS 1 MM 2 | F MARYI AND 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF GEATN FRANCIS SCOTT KEY BALTIMORE DIRECTOR RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIGE CITY LIMITS? MARYLAND BALTIMORE 1 X YES 2 NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 101, ZIP CODE 1818 N BOND STREET 21213 STATES 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Married IF YES, GIVE WAR OR DATES Specify: BLACK BY 3 Widowed 4 Divorced ETED. 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) COMPL DISABLED 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) ARTIE C JOHNSON MARY PARKER BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 VERA ALFORD 1818 N BOND STREET BALTIMORE MARYLAND 20a, METHOD OF DISPOSITION
1 Burisl 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State 4 Donation 6 St Other (Specify) in - state. GARRISON FOREST VA CEME rem. MILLS MARYL AND 22 NAME AND ADDRESS OF FACILITY Ê BALTIMORE, MARYLAND 212)2 anar Hollice TATE ANDATION 23. PART i. Enter the diseases or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. interval Between Onset end Deeth **IMMEDIATE CAUSE (Finei** disease or condition how omic resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Inferior 2 CERTIFICATION Sequentielly list conditione, DUE TO (OR AS A CONSEQUENCE OF) if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury H Years W DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in deeth) LAST 1-6 ne PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS MEDICAL 24s. WAS AN AUTOPSY AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER: 1 YES 2 NO Propertient 2 ☐ ER/Outpatient 3 ☐ DOA 4 Nursing Nome 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 26a, DATE OF INJURY 28d, DESCRIBE NOW INJURY OCCURED 28b. TIME OF INJURY 26c. INJURY AT WORK? 1 Natural 5 Pending м 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be detarmined COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE 10 20 9

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FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR					DEATH	REG	i. NO.				
	1. OECEDENT'S NAME (First, Middle, Last)		loadon	S	201	765	2. OATE OF DEATH DAY YEAR 10 13. TIME OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH O					
ì	4. SOCIAL SECURITY NUMBER 231-48-2050	0.112	(In yrs. lest birthday)	MONTHS DAVE HOUSE MIN			7. DATE OF BIR (Month, Day,) March {	bar)	Coun	HPLACE (State or Foreign http: rginia		
Ì	9a. FACILITY NAME (If not institution, give :	street and number)		9b. 0	HTY, TOWN	OR LOCATION OF DE	ATH	9c. CC	UNTY OF	DEATH		
DIRECTOR	Physicians Memor	ial Hospital		L	aPlat	a, MD		Cha	Charles			
E I	10a. STATE 10b. COUNT	Υ	10c. C	ITY, TOW	N OR LOCA	TION			10d. INSIDE CITY LIMITS?			
		fford	F	'red	erick				1 TES 2 X NO			
FUNERAL	100. STREET AND NUMBER 735 Bethel Church	h Road				1. ZIP CODE 22405		0.48	S.A.	WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Tovorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 XNO	MEO 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yee or No. 14. RAC								
	15. DECEDENT'S EDU	ICATION	16a DECEDENT	ALISIL S	LOCCUPATI	ON	16b, KIND	White				
COMPLETED	(Specify only highest grade	College (1-4 or 5+)	Give kind o	5a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)				al Surf		Weapons		
WO	17. FATHER'S NAME (First, Middle, Last)		Tarrice	-4-		18. MOTHER'S NA	ME (First, Middle, i	Maiden Surname)			
	Wilson Jones					Lillia	an Jones	3				
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or					Zip Code)			
임	Russell D. Jone	S	735	735 Bethel Church Rd., Freder					burg	, VA 22405		
	20a. METHOD OF DISPOSITION 1) Buriel 2 Cremation 3 Ren 4 Onation 5 Other (Specify)	noval trom State	other place)	er place)						cation – city or town, state edericksburg, VA		
	21. SIGNATURE OF FUNERAL SERVICE LI		041000 110	Ī	22. NAME A	ND ADDRESS OF FA						
	VIIIalt A	1 11:		- 1		ins & Tho				vice VA 22402		
	23. PART I. Enter the diseases, or			not e						Approximata		
	ahock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Liat only one cause on	each line.	91	CLIV	2010				Interval Between Onset and Deeth		
_	Tooding in death,	DUE TO (OR A	A CONSEQUENCE	9								
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE	OF):								
CERTIFICATION	CAUSE (Disease or Injury that initiated eventa reaulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE	OF):								
	PART II. Other aignificant condition	na contributing to death	but not resultin	a In the	underlvir	ng cause given in	Part I. 24s. \	MAS AN AUTOPS	Y 24	1b. WERE AUTOPSY FINDINGS		
EDICAL								PERFORMED?		AVAILABLE PRIOR TO COMPLETION DF CAUSE		
							_ ''	YES 2 NO		OF DEATH?		
									10.20 20.00			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpetiant 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY 28d. OESCRIBE HOW INJURY OCCUREO INJURY WORK?												
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/O	utpetient 3 🗆 DOA		HER: Nursing Ho	me 5 🗆 Residence	6 Other (Spec	_{try)} K	IVES	- Potomac		
F	27. MANNER OF DEATH	28a. DATE OF INJUR (Month, Day, Yea	0	IME OF	W	JURY AT ORK?	28d. OESCRIBE	HOW INJURY	CCUREO	. 1		
B	1 Netural 5 Pending Accident Investigation	10-13-91		4n b		YES 2 NO	Tella	at o	t U	dat		
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU building, atc. (S	pecify)	n, street,	tactory, om	ce	281. LOCATION City or Town		C	yer YS CO.		
COMPLETED	one)	SICIAN: To the best of my kn								e(a) and manner as stated.		
ECC	296. SIGNATURE AND TITLE OF CERTIFIE	ER	. 0 \			29c. LICENSE NU	MBER	29d. 0	ATE SIGNE	EO (Month, Day, Year)		
TO BE	H M Haten	V Chas	(c) put	N	15	0273	198	•	101	5/91		
	30. NAME AND A GORESS OF PERSON W	HO COMPLETED CAUSE OF	01	pe, Print,	Plato	for my	2069	6	1	,		
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SI		*	,	,						

market all the

31. DATO E 1 M T 19 1990

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1 - STATE REGISTRAR	STATE OF I	MARYLAND / DEPA Certii	RTMENT OF FICATE OF		MENTAL HYGIENE REG. NO.				
1. DECEDENT'S NAME (First, Middle					2. DATE OF DEATH	YEA	3. TIME OF DEATH		
			KELLY	T	-		990 9:52pm		
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birthday, 78 YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	C	HRTHPLACE (State or Foreign country)		
215 22 8376 9a. FACILITY NAME (If not institution	Λ	/ 0	9b. CITY, TOWN	OR LOCATION OF D	08/01/12	9c. COUNTY (llto.,Maryla		
		+ - 1	Rossvil			_	imore		
RESIDENCE OF DECEDE	NT					Dait			
10a. STATE 10b. C	COUNTY	10e. C	ITY, TOWN OR LOC	ATION	E		10d. INSIDE CITY LIMITS?		
1101 10110	<u>ltimore</u>			of, ZIP CODE	Essex	10g. CITIZEN	1 ☐ YES 2 💢 NO OF WHAT COUNTRY?		
10e. STREET AND NUMBER 726 Holly Road 11. Marital Status	R+ 1			21221		U.S.	Δ		
11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S. ARMED		CENDENT OF HISPA	NIC ORIGIN? (Specify Years an, Puerto Rican, etc.)	r No- 14. I	RACE American Indian, Black, White, alc.		
1 Never Married 2 Married 3 Widowed 4 Divorced		WAR OR DATES		S 2 NO Spec			Specify:		
	'S EDUCATION	18a DECEDENT	'S USUAL OCCUPAT	ION	16b. KIND OF BUSI	NESS/INDUST	White		
15. DECEDENT (Specify only highest (Specify only highest Elamentary/Secondary (0-12) 8 17. FATHER'S NAME (First, Middle, L	st grade completed) College (1-4 or 5	(Give kind o	of work done during n use retired.)		1000 1000				
8		House	wife			Home			
17. FATHER'S NAME (First, Middle, L	ast)			18. MOTHER'S N	AME (First, Middle, Melden S	umame)			
Charles Henry					Catherine 7				
19a. INFORMANT'S NAME (Type/Prin			20 111 1200		Route Number, City or Town,		,		
Raymond F. Kel	ly (son)	1726 H			ltimore Mary		21221 or Town, Stata		
1 ☑ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specific		other place) Oak Lawn					Maryland		
21. SIGNATURE OF FUNERAL SER	VICE LICENSEE	TOAK LAWII			ACILITY Uneral Home	D V	Maryranu		
1 1/2	mole -	fi.					Maryland 212		
23. RART I. Enter the discess	es, or complications th	at caused the death. Do					Approximate		
ehock, or heert for iMMEDIATE CAUSE (Finel	ellure. Liet only one ca						Interval Between Onset and Death		
disease or condition	Massiv	ve Upper G	astroir	itestina	al Bleedir	1 g			
	DUE TO	O (OR AS A CONSEQUENCE	OF):						
Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	O (OR AS A CONSEQUENCE	OFI-						
if sny, leeding to immediate cause. Enter UNDERLYING			V. /-				ļ		
CAUSE (Diseese or injury that initiated events	DUE TO	O (OR AS A CONSEQUENCE	OF):						
resulting in death) LAST	d								
	nditions contributing t	o death but not resultin	g in the underly	ng ceuse given i	n Part i. 24s. WAS AN A		24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO		
<u>Cancer of</u>	the Panci	reas			1 _ YES 2)	0.00	COMPLETION OF CAUSE OF DEATH?		
Cancer of							1 YES 2 NO		
25. WAS CASE REFERRED TO MED EXAMINER? 1 YES 2 XNO	HOSPITAL:		OTHER:	PLACE OF OEATH (C					
1 YES 2 NO 27. MANNER OF DEATH 1 W Meetural 5 People	1 Inpatient 2	ER/Outpatient 3 DOA		NJURY AT	8 Other (Specify) 28d, DESCRIBE HOW IN	JURY OCCUR	ED		
	ng (Month,		INJURY \	YES 2 NO					
2 Accident Investi 3 Suicide 8 Could	28e. PLACE	OF INJURY — At home, farm p, etc. (Specify)	n, street, factory, of	Nce	28f. LOCATION (Street ar City or Town, State)	nd Number or F	Rural Route Number,		
4 Homicide delarm		(-p)/			only or lown, dialey				
29a. CERTIFIER (Check only	G PHYSICIAN: To the best	of my knowledge, death occ	urred at the lime, d	ta end place, and de	re to the cause(a) end mani	ner as stated.			
8	/ I	examination and/or investige	ation, in my opinion	death occured at ti	na lime, data and place, and	due to the ca	nuse(s) and menner as stated.		
29b. SIGNATURE AND TUTLE OF	signed /			29c. LICENSE N	UMBER	29d. DATE SI	GNEO (Month, Day, Year)		

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D

Juna Jandson Handsee

29d. DATE SIGNEO (Month, Day, Year)

10-18-90

000 Franklin Square Dr., Balto., 21237

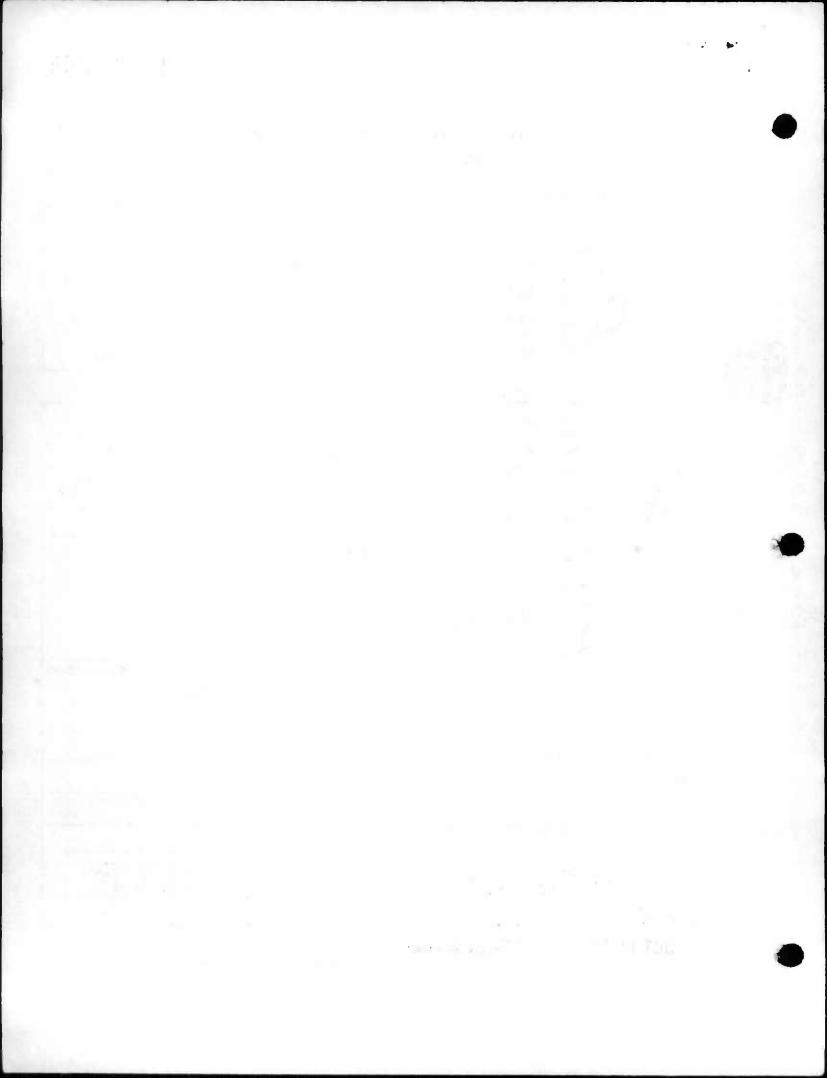
Pig

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

CERTIFICATE OF DEATH

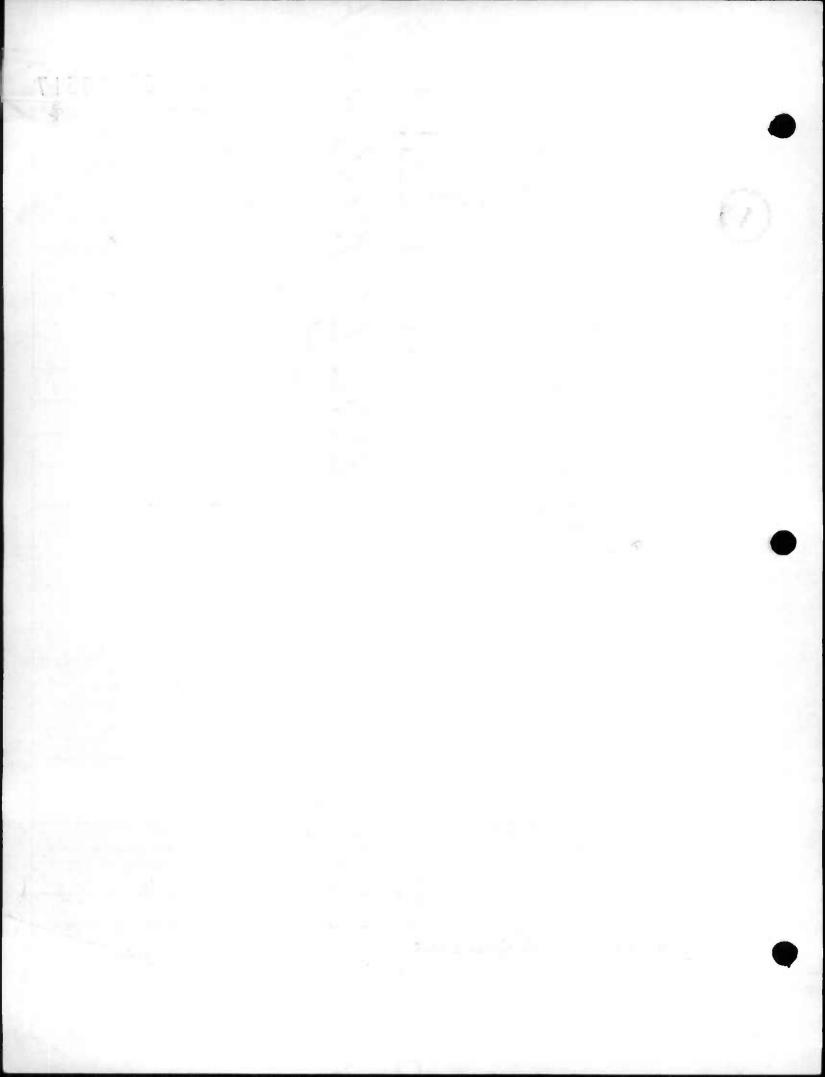
REG. NO.

	nedia man			LITTI	ICALL	- OF	DLA	111		EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	Patric	ia Pau	line	KE	RNE	:R		2. DATE OF MONTH OCTO	ber"	"19,	1 9 9 0°	12:42am
	4. SOCIAL SECURITY NUMBER 213-38-9677	5. SEX	8. AGE (In yrs. Id		IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF I (Month, De 10-7-	RIGTH		8. BIRTHPLA Country)	ACE (State or Foreign
į.	9e. FACILITY NAME (If not institution, give st				Oh CITY	TOWAL C	D I OCATI	ON OF DE		. 740	Las cou	COUNTY OF DEATH	
œ	Franklin Square				1100 -111		vill		AIN			timor	
5	RESIDENCE OF DECEDENT	позрісат				NO 5 5					Dai	t I III O I	Е
E C	10a. STATE 10b. COUNTY	r	10c. CIT	Y, TOWN C	R LOCAT	ION					10-	d. INSIDE CITY	
DIRECTOR	MD. Balt	imore		В		more						YES 2 NO	
FUNERAL	4232 Thornclif	f Road				101	zip cod 2	21236				U.S.	
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES				MED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or N If yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 1 YES 2 N O Specify:					or No—	No- 14. RACE - American Indian, Black, White, etc. Specify: White		
ÉTED	15. DECEDENT'S EDUC (Specify only highest grade	Give kind of	kind of work done during most of working						SINESS/INC	DUSTRY			
墨	Elementary/Secondary (0-12) 12th Grade	College (1-4 or 5		Do NOT use retred.) Hairdresser					(o mrr !	c Po	auty S	Talan	
j.	17, FATHER'S NAME (First, Middle, Last)	пал	rare	sser						auty S	salon		
9	Edward				18. MOT	Mar	ME (First, Midd	le, Maiden	Sumame)				
B	19e. INFORMANT'S NAME (Type/Print)	9h MAII INC	ADDRESS	S (Street a	nd Numbe		Route Number,	City or Tow	n Steto Zir	n Code)			
2	Jack	4232 Thorncliff Road Baltimor									ó		
	20s, METHOD OF DISPOSITION 1	ACE OF DISPOSITION (Name of commetery, cremetery or her place) Gardens of Faith Cem.					m.	20c. LOCATION — City or Town, State Baltimore, Md.			· IIII i		
	21. SIGNATURE OF FUNERAL SERVICE LIC					ss of FA	er, Inc				ir Road MD.21206		
	23. PART I. Enter the diseases, or o	aath. Do									Approximate		
	shock, or heart fallure. iMMEDIATE CAUSE (Fine) disease or condition resulting in death)	ardial		arc	tion	1						Interval Between Onset and Death	
_													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING			e Heart Failure									
FIC	CAUSE (Diseass or injury that initiated events	DUE TO	etes M	EQUENCE O	tus F):								
FR	reaulting in death) LAST	d.											
	PART II Out - I - MI - A Mil-												
EDICAL	PART II. Other aignificent condition	a contributing to	daeth but not	resulting	in the ui	nderryin	g cause	given in		PERFO		AM CC	ERE AUTOPSY FINDINGS WILABLE PRIOR TO DIMPLETION OF CAUSE F DEATH?
Σ								- 1			1	YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL					28 PI	LACE OF F	DEATH (Ch	eck only one)				
SICI	EXAMINER? 1 YES 2 X NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHE	R:			6 Other (S	pecify)			
BY PHYSICIAN:	27. MANNER OF DEATH 1 XNatural 5 Pending	28e. DATE O (Month,	F INJURY Day, Year)	28b. TIR	ME OF JURY	WC	JURY AT	¬	28d. DESCR	BE HOW	NJURY OC	CURED	
B	2 Accident Investigation	28a PLACE	OF INJURY — At	home form	etmet for		YES 2 [NO	284 LOCATIO	Oht /Otmot	and Mumba	or Aural Aout	h Mumbae
TED	3 Suicide 8 Could not be 4 Homicide determined	nome, mm,	street, rac	tory, ome				own, State,		or nuriii nout	e Number,		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC MEDICAL EXAMINE										nd manner sa stated.		
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	-	111					ENSE NUI	MBER				onth, Day, Year)
TO B	The	11000	90				N/	/A			1	0-19	-90
	Jeffrey Press					lin	Sau	ıare	Dr	Ва	lto.	, 212	237
	31. DATE FILED (Month, Day, 1997)	3 REGISTR	AR'S SIGNATURE	nde pa					,				



	permit ages 1, 2, about
46, BALTIMORE, MARYLAND 21203-3146	IAN: The law requires that the death certificate be executed within 2-riours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit of the state bept, of Heath and Mental Hygiene prior to burial, cremation, or removal. In 13 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician in TO THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-training filled within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIEN REG. NO.	E J	20303
1. DECEOENT'S NAME (First, Middle, Les Le Wi S	RAE	(RAE LEW	IS)		2. DATE OF DEATH MONTH DA	199	0 5 a.m.
4. SOCIAL SECURITY NUMBER 21209 00 41 9a. FACILITY NAME (If not institution, plan SINAI HO	1 M 2 F	88 YRS. M	F UNDER 1 YEAR ONTHS DAYS	HOURS MIN. R LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) 04/07/190	C	HRTHPLACE (State or Foreign ountry) ARYLAND OF DEATH
RESIDENCE OF DECEDENT On STATE 10b. COUN		10c. CITY,	TOWN OR LOCAT	11:	RE.		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER 9 COBblest	Pro cT	ant	Т-2	ZIP CODE			OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS OECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 V NO	13. WAS OEC If yes, sp	ENCENT OF HISPAN	IC ORIGIN? (Specify Yee n, Puerto Rican, etc.)	or No- 14. 1	RACE — American Indian, Black, Whits, etc. SpecifyWHITE
15. OECEOENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	DUCATION de completed) College (1-4 or 5 +)	16a. DECEDENT'S U: (Give kind of wo. life. Do NOT use CUTT	rk done during mo retired.)	ON at of working	16b. KIND OF BUS	SINESS/INDUSTI	RY
17. FATHER'S NAME (First, Middle, Lest) JOHN LEW	IS			18. MOTHER'S NA FANNI	ME (First, Middle, Malden E ESTHER	Sumame) GELTM	AN
196. INFORMANT'S NAME (Type/Print) MRS. CHARLOTTE K	UNKOSKI				Poute Number, City or Tow ELDERSBUR		21784
20e. METHOD OF DISPOSITION 1 Donation 8 Other (Specify) 21. SIGNATURE OF UNERAL SERVICE	moval from State	b. PLACE OF DISPOSE other place) RADOME	R VEREI	N ND AODRESS OF FA	RC	CATION — CHY SEDALE [C.	or Town, State
Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a CO	A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF:	Me	Restruction (E	h ly	, ch	5
PART II. Other significant condit	ions contributing to death	but not resulting in	the underlyin	g cause given in	Part I. 24a. WAS AN PERFOI	RMED?	24b, WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	LACE OF OEATH (Ch	8 Other (Specify)		
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigatic 3 Suicide 6 Could not	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	28d. DESCRIBE HOW 28f. LOCATION (Street	city) E HOW INJURY OCCURED I (Street and Number or Rural Route Number,			
4 Homicide determined 29s. CERTIFIER (Check only	YSICIAN: To the best of my kno INER: On the basis of examinat	wledge, death occurred	Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of th	Service Services	time, data and place, a	onner as stated. nd dus to the ca	GNED (Month, Day, Year)
30, NAME AND ADDRESS OF PERSON 31, DATE-FRED (Morith, Day, Year) 0RT 18 1990	WHO COMPLETED CAUSE OF I		Print) Bas	900 Chinox	P P	▶ 10	11/90



-transit permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the himself of the property of the following physician and completely filled in by the hineral director, page 5 should be detained be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

ITEMS:23 thru 28f per ME G-669 11-9-90 cm

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL	HYGIEN REG. NO.	90	28	566	
	1. DECEDENT'S NAME (First, Middle, Last)	ī		1	- 00	2. DATE O MONTH	DA		AR	ME OF DEATH	
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	JEE UNDER 24 HRS.	7. DATE O	E BIRTH	8. E	HITHPLACE	(State or Foreign	_
	223-82-4854 9. FACILITY NAME (If not institution, give st	1 XXM 2 F 3	rns.	DAYS DAYS	HOURS MIN.		31 Year)	58 F	Vash	D. C.	_
TOR	Prince George's			,	neverly	2011		Prince		rge¹s	
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY, 1	itol Hg					-	NSIDE CITY JMITS? XES 2 NO	
FUNERAL	100. STREET AND NUMBER 4316 Nash Street			13.0	ZIP CODE)743			10g. CITIZEN	OF WHAT O	OUNTRY?	
B	11. MARITAL STATUS 1 Never Merried 2XX Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO		ENDENT OF HISPAN Incity Cuben, Mexica 2 NO Specify				RACE — An Black, White Specify: B		_
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		18e. DECEDENT'S US (Give kind of wor- life. Do NOT use of Constru	k done during mo: retired.)	st of working	16b.		Private			
	17. FATHER'S NAME (First, Middle, Lest) James	Stans	berry		16. MOTHER'S NA Rebec		iddle, Meiden		.so n		Ī
TO BE	190. INFORMANT'S NAME (Type/Print) Elizabeth C.	Lee			nd Number or Rurel I Court/Orl						
	20e_METHOD OF DISPOSITION 1 District 2 Cremation 3 Remo	20b.	PLACE OF DISPOSIT	ION (Name of cen	netery, crematory or			cation – city adover,		ate	
	21. MGMATURE OF FUNERAL SERVICE LIC	ENSEE? Dea	e Si	22. NAME AN	Landover	CILITY J.:	B. Jer Landov	nkins F	unera 2078	al Home	
	23. DATT I. Enter the classess, or cahock, or heart fallure. I	List only one ceuse on as	D ALCOHOL			h as card	ac or respi	ratory arreat		Approximata Interval Between Onset and Deat	
NO	Sequantially list conditions,	b	CONSEQUENCE OF):								
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c	CONSEQUENCE OF):								
ERTIF	that initiated events resulting in death) LAST	d	CONSEQUENCE OF):						i I		_
PHYSICIAN: MEDICAL C	PART II. Other algnificant condition	s contributing to death be	ut not resulting in	tha underlying	g ceuse given in	Part I.	24a. WAS AN PERFOR	RMED?	COMI OF D	E AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 NO	6
A	25. WAS CASE REFERRED TO MEDICAL			oe Di	ACE OF BEATH FOR		-1				_
SC	EXAMINER? 1 X YES 2 NO	HOSPITAL: 1 ☐ Inpatient 2 ☑ ER/Outp		OTHER:	ACE OF DEATH (Ch						_
HX	27. MANNER OF DEATH	28a, DATE OF INJURY	28b. TIME	OF 28c, INJ				NJURY OCCUR	ED		_
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year) BEIWEEN 10/12 28e. PLACE OF INJURY	2-13/10	M 1 🗆	YES 2 NO	-	NOWN	and Number or I	Burni Boute	dumber	
ETED	3 Suicide SCOuld not be 4 Homicide determined	HOME HOME	elly)			CHA	PLL O	AKS	ASH S	TREET	
COMPLETED	(Orlock Gray	CIAN: To the best of my knowless: On the basis of examination							euse(e) end	menner ee stated.	
BE C	296. SIGNATURE AND TITLE OF CENTIFIES	-W			29c. LICENSE NU			29d. DATE SI		200	Ī
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	АТН (ITEM 27) (Туре, Р	Print)	OCM			1	0/13/	90	_
	Ann M. Dixon, M	32, REGISTRAR'S SIGN	ATURE .		lll Pe	nn St	•	Ba	lto.M	D ss	_
	77T 1 9 1990	a varidson-1	fandelle								

mit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21203-31 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death centificate be executed within ZYTOUTS after death, Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
•	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

. DECEDENT'S NAME (First, Middle, La JC	shn	F.		I	Long		2. DATE OF DEATH MONTH 10-16	№ 90	YEAR	3. TIME OF OEATH 9:55AM
212-32-4717	5. SEX 1 👽 M 2 🗆 F	6. AGE (In	yrs. last birthday) YRS.	IF UNDER	1 YEAR IF UN DAYS HOUR	IDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 7-31-19	າດ	Coun	HPLACE (State or Foreign try) Tyland
children Hospi	e street and number)	70			TOWN OR LOC		EATH		UNTY OF	-
DESIDENCE OF DECEDENT 10a. STATE 10b. COU	NTY		10c. CIT		•			10d. INSIDE CITY LIMITS?		
Maryland	-2		Balt	imore					1 X YES 2 NO	
0e. STREET AND NUMBER					10f. ZIP C	ODE		10g. CI	TIZEN OF	WHAT COUNTRY?
3735 Wilkens Av	enue				2	1229		U.S	S.A.	
1. MARITAL STATUS Never Married 2 Married X Widowed 4 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE V	WAR OR DAT	2 NO	li li		uban, Mexic	NIC ORIGIN? (Specify Y an, Puerto Rican, etc.) ly:	as or No-	14. RAC Blac Spe	E — American Indian, ck, White, etc. chy: White
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	DUCATION ade completed) College (1-4 or 5		16a. OECEDENT'S (Give kind of life. Do NOT u	work done o	CCUPATION during most of we	orking	16b. KIND OF B	1	NDUSTRY	
8th_grade		4	Ice	man		9-900	Unkn			
7. FATHER'S NAME (First, Middle, Last)					1.57		AME (First, Middle, Maide	n Surname)		
Thomas Long			404 800000	APPET			NKNOWN Route Number, City or To		W. C	
Brenda Younger			and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th				Acute Number, City or Real Limore,			
On METHOD OF DISPOSITION	an and from Chat-	20b. l	PLACE OF DISPO	SITION (Na	me of cemetery,	crematory or	20c. L	OCATION -	- City or 1	own, Stata
	emover nom sum		Loudon	Park	Cemete			ltimo	ore,	MD
1 Burial 2 Cremetion 3 Ramoval from State other place) 4 Donation 5 Dother (Specify) 21. Signature of Function 2 Details and Address of Facility 11. NAME AND ADDRESS OF FACILITY 11. NAME AND ADDRESS OF FACILITY 11. NAME AND ADDRESS OF FACILITY 11. NAME AND ADDRESS OF FACILITY 11. NAME AND ADDRESS OF FACILITY 11. NAME AND ADDRESS OF FACILITY 11. NAME AND ADDRESS OF FACILITY										
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

OHMH-16 Flev 1/89

Marie Carlos Carlos Carlos Carlos

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALLIMORE, MARYLAND	24 Jours after death. Page 6 may be retained by the hos	filled in by the funeral director, page 5 should be detach on, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache he field within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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STATE OF MA	ARYLA	ND / DEPARTMENT O	F HEALTH AND I	MENTAL HYGIE	NE _	
		CERTIFICATE	OF DEATH	REG. NO	D.	
WINTAN	D	MADTIN		2. DATE OF DEATH	0/18/90	3. TIME OF

	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H			IYGIENE IEG. NO.		
,	1. DECEDENT'S NAME (First, Middle, Last)	VIVIAN D.	MARTIN			2. DATE OF I	DEATH10/1	.8/90 YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		1 A P. T I	IF UNDER 1 YEAR	IF UNDER 24 HRS.				HPLACE (State or Foreign
l	218-28-4000	1 🗆 M 2 💢 F	58 YRS.	MONTHS DAYS	HOURS MIN.	061	BIRTH 6 / 6 / 19, Year) 106 / 32	2 /	200
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5	RESIDENCE OF DECEDENT					-			1
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COMPLETED	(Specify only highest grade	completed)		work done during mo		18b. Kir	ID OF BUSINES	SS/INDUSTRY	
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N	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA				
Ö	MARTIN CASTAGNER	A			BERTHA	A BALL	LETT		
BE (19a. INFORMANT'S NAME (Type/Print)		195. MAILING	ADDRESS (Street	nd Number or Rural	Route Number, (City or Town, Sta	ste, Zip Code)	
2	KATHLEEN PRICE		28 AI	LEGHENY	AVENUE A	APT. 20	010, TOV	VSON, M	D. 21204
	20e. METHOD OF DISPOSITION 1X Buriel 2 Cremetion 3 Remo	oval from State	NEW CATHI	SITION (Name of ce	netery, crematory or			ON — Cify or 1	fown, State MARYLAND
	4 Donation 5 Other (Specify)		WEW OATH			ĆILITY			
	Luneus	an ix	1.						NERAL HOME LE, MD.21228
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	disease or condition resulting in death)	Sep	con						
	C. Links C. A.	DUE TO (OF AS	A CONSEQUENCE O	OF):	6.				
CERTIFICATION	Sequentially list conditions, Due to (or as a consequence of):								
Ä	if any, leading to immediate cause. Enter UNDERLYING								
IF	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE O	F):					
ERT	resulting in death) LAST	d							
	PART II. Other aignificant condition	ns contributing to death	but not resulting	in the underlyin	o causa olven in	Part I. 24	e. WAS AN AUT	OPSY 24	Ib. WERE AUTOPSY FINDINGS
BY PHYSICIAN: MEDICAL				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			PERFORMED)?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	-					— ['	YES 2	10	DF DEATH?
2						_			1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (C)	heck only one)			
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Ou	itpatient 3 DOA	OTHER:	ne 5 🗆 Residence	8 Other (S	loec/fv)		
ΗX	27. MANNER OF DEATH	28a. DATE OF INJURY	7 28b. TII	ME OF 28c, IN	JURY AT	1	IBE HOW INJU	RY OCCURED	
Α Δ	1 Natural 5 Pending	(Month, Day, Year)	ı ın		ORK? YES 2 NO				
	3 Suicide 8 Could not be	28s. PLACE OF INJUR building, stc. (Sp		street, factory, offi	:0	ON (Street and I lown, State)	et and Number or Rural Route Number, te)		
E	4 Homicide determined								
COMPLETED	one)	ER: On the basis of examinat							o(a) and manner as stated.
8	2 MEDICAL EXAMINER: On the case of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and								
BE	296. SIGNATURE AND TITLE OF CERTIFIED	F. Kain	An I	W. A	29c. LICENSE NU	110	2 1	101	18/90
2	30, NAME AND ADDRESS OF PERSONAVH	HO COMPLETED CAUSE OF E	DEATH (ITEM 27) (Two	e, Print)	010	//		17	1
	BEATRIZ	P. D12	011,-	et.g	regh	260.	zpie	all	owson
	31. DATE FILED (Worth, Day, Year)	32. BEGISTRAR'S SIG	ANATURE ANALOGO		1	-			

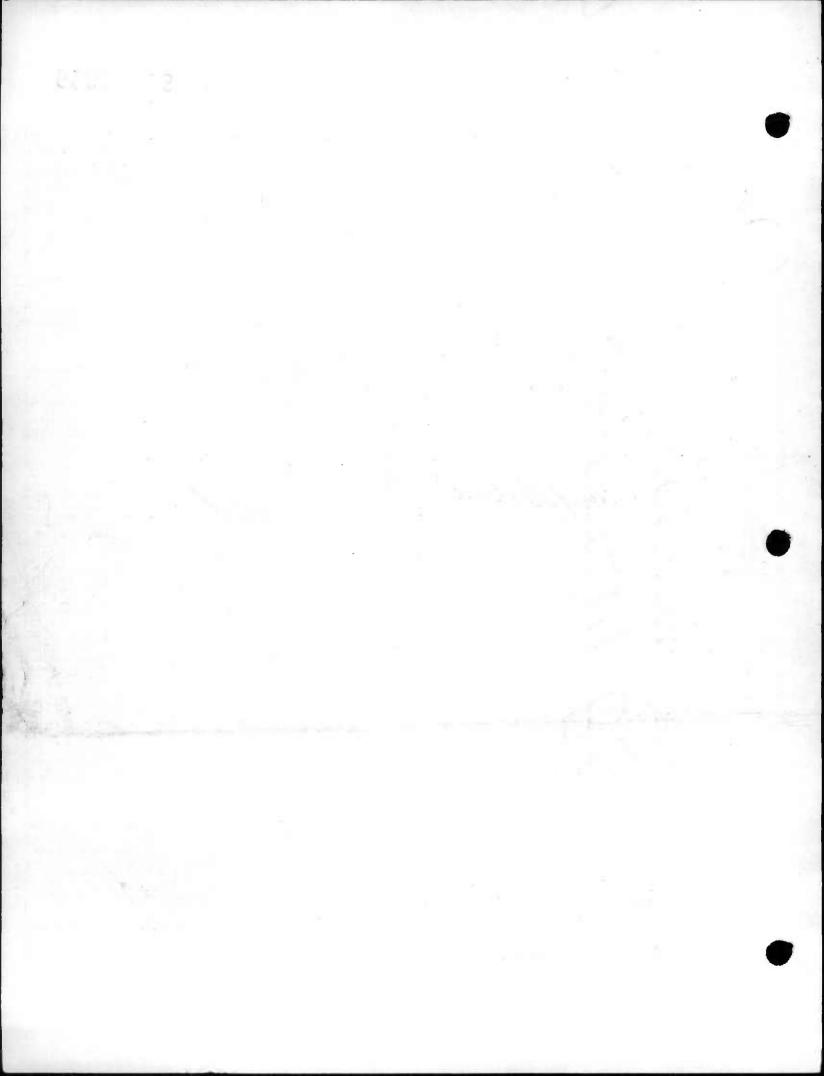
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burit be filed within 72 hours after death with the State Dent, of Health and Mental Hygiene prior to burital, cremation, or removal.

Garrett County Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores are the county Memores	EX 6. A IM 2 F Ind number) rial Hos tt MAS DECEDENT EV ORCES? 1 X F YES, GIVE WAR (ER IN U.S. ARM YES 2 NO DR DATES	YRS.	y, TOWN O	TOWN O		7. DATE OF BIRTH OCT. 100,	1912 %c. cou Gan	e. BIRTI Count W.	
213-05-4109 1	TM 2 F F F F F F F F S, GIVE WAR C	78 pital PER IN U.S. ARM VES 2 DOC DR DATES	YRS.	9b. CITY, () () () () () () () () () () () () ()	TOWN OF LOCATION	HOURS MIN. R LOCATION OF DI And ION ZIP CODE	Oct. IO,	Ga:	Count W.	t 10d. INSIDE CITY LIMITS?
Garrett County Memoral Residence of Decedent 106. County Garre 106. County Garre 106. STREET AND NUMBER Rt. 1 Box 388 11. MARITAL STATUS 12. Merried 15. DECEDENT'S EDUCATION (Specify only highest grade complementary/Secondary (0-12) 12. T. FATHER'S NAME (First, Middle, Last) Roy No	TIAL HOS TT WAS DECEDENT EV ORCES? 1 125 F YES, GIVE WAR (ER IN U.S. ARM YES 2 NO DR DATES	C	y, TOWN O	Dakla DR LOCAT and	and ION ZIP CODE	EATH	Gai	rret	10d. INSIDE CITY
Acresidence of Decedent Ioo. STATE Ioo. STATE Ioo. STATE Ioo. STREET AND NUMBER Rt. 1 Box 388 III. MARITAL STATUS III. Never Married 2 Merried III. Married 2 Merried III. Decedent's Education (Specify only highest grade complete in the complete in	MAS DECEDENT EVORCES? 1 (2) F YES, GIVE WAR (ER IN U.S. ARM YES 2 NO DR DATES	C	y, TOWN O	on Locat	ION ZIP CODE				10d. INSIDE CITY LIMITS?
Inc. STATE Inc. STATE Inc. STREET AND NUMBER Rt. 1 Box 388 Inc. MARITAL STATUS Inc. Never Merried 2 Merried Inc. Specify only highest grade complete in the complete in	MAS DECEDENT EVONCES? 1 (2) F YES, GIVE WAR (YES 2 NO	C)akla	ind 101.	ZIP CODE		10g. CIT	IZEN OF	LIMITS?
Rt. 1 Box 388 II. MARITAL STATUS II. Never Married 2 Merried II. Merried 2 Merried II. Decedent's Education (Specify only highest grade complete in the co	MAS DECEDENT EVONCES? 1 (2) F YES, GIVE WAR (YES 2 NO	C)akla	ind 101.	ZIP CODE		10g. CIT	IZEN OF	LIMITS?
Rt. 1 Box 388 II. MARITAL STATUS II. Never Married 2 Merried II. Merried 2 Merried II. Decedent's Education (Specify only highest grade complete in the co	FYES, GIVE WAR (YES 2 NO	IED)	13.	101.			10g. CIT	IZEN OF	
II. MARITAL STATUS I Never Married 2 Merried I Divorced Specify only highest grade completion of the FYES, GIVE WAR (YES 2 NO)			21550				WHAT COUNTRY?	
I Never Married 2 Merried I Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade complete in the complete	FYES, GIVE WAR (YES 2 NO)		WAS DEC			U	SA	
(Specify only highest grade complete in the complete in the control of the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the complete in the com	eted)	16a. DEC	EDENTIC				NIC ORIGIN? (Specify Ye in, Puerto Rican, etc.) y:	a or No-	14. RACI Blac Spec	E — American Indian, ik, White, etc.
Elementary/Secondary (0-12) Col 12 17. FATHER'S NAME (First, Middle, Last) Roy No		(GiV	EVENT'S	USUAL O	CCUPATIO	N	16b. KIND OF BU	ISINESS/INI	DUSTRY	
17. FATHER'S NAME (First, Middle, Lest) Roy No						st of working	The United States			
Roy No		Pri	nter	- 0	Came	caman		paper	r	
	11.						ME (First, Middle, Melder	-		
we. INPURMANT S NAME (Type/Print)	rdeck		1000000				Pearl Hul			
Mrs. Gladys Nordec	l _r		t. 1		x 38		Route Number, City or Tov and, Maryl		,	0
20a. METHOD OF DISPOSITION	I.					netery, crematory or		OCATION -		
IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUE	UENCE OF	F):	.sphe	ere of t	he brain			6-8 week
PART II. Other significant conditions con	ntributing to dea	ath but not re	eulting I	In the ur	nderlylng	g cause given in		RMED?	241	b. WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL					00.01	ACC OC DOATH O				
EXAMINER? HO	SPITAL:	(Outpetters 4)	no.	OTHE	R:	ACE OF DEATH (C				
27. MANNER OF DEATH XXX Netural 6 Pending	26s. DATE OF INJ (Month, Day, Y	URY	26b. TIM		28c. INJ WO		28d. DESCRIBE HOW INJURY OCCURED			
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF IN building, etc.	JURY — At hon (Specify)	ne, farm, s				281. LOCATION (Street City or Town, State		er or Aural	Route Number,
99. CERTIFIER (Check only one) 2										

Herbert H. Leighton, M.D., Oak @ 5th Sts., Oakland, Maryland
31. DATE FILED (Morith, Day, Year) 32. REGISTRAR'S SIGNATURE

havavason-yandares

T 9 1930



physician. burial-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALLIMORE, MARYLAND 2120
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zx nours after death. Page 6 may be retained by the none of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notation of the notatio	age 6 may be retained by the pure con-
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be duranting the filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	director, page 5 should be detrehing to
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ones.	or must be notified at once

	REGISTRAR 1. DECEDENT'S NAME (First	Middle Last)			D / DEPAR CERTIF	ICATE	OF	DEA	TH		REG. NO			28570
	. DEGLECT O TEAME (7 83)	mioure, Lesty	ROBE	ERT L	ANG	NEU	J			MONT		1990	YEAR	12 53 A
	4. SOCIAL SECURITY NUMBER 214-01-5743		5. SEX 1 💢 M 2 🗆 F	8. AGE (In yn	s. last birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7 DATE	of BIRTH	8. RIETHPLACE /State		PLACE (State or Foreign
-	9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY	TOWN C	R LOCATI	DN OF D				NTY OF D	EATH
IO B	SUMMIT NURS		OME			CAT	ONS	VILL	E			BA	ALTIM	IORE
DIRECTOR	10a. STATE	10b. COUNT	Y		10c. CIT	Y, TOWN (R LOCAT	TON						10d. INSIDE CITY LIMITS?
	MARYLAND				B	ALTIN	ORE							1 X YES 2 NO
RAL	10e. STREET AND NUMBER	OTTE D	0.4.0				101	ZIP COD						VNAT COUNTRY?
NE	230 STONECE	KOFT R	OAD APT		APMED	12	WAS DEC	212		NIC UBIGI	N? (Specify Ye		5.A.	L American Indian
BY FUNERAL	1 Never Married 2 3 Dive		FORCES? 1 IF YES, GIVE V	YES 2	XNO		If yes, sp	ocify Cubi	nn, Mexica	an, Puerto	Rican, etc.)	5 OF NO.	Black	E — American Indian, c, White, atc. WHITE
		EDENT'S EDU y highest grade		161	Give kind of	USUAL O	CCUPATIO	ON et of world	ing	16	b. KIND OF BU	SINESS/INC	DUSTRY	
COMPLETED	Elementary/Secondary (C	0-12)	College (1-4 or 8	+)	SUPER'					E	XXON O	IL CO)MPAN	ΙΥ
00	17. FATHER'S NAME (Flist, M CHARLES NEU									AME (First, LANG	Middle, Maiden	Surname)		
BE	19s. INFORMANT'S NAME (_	19b. MAILING	ADDRES	S (Street a				nber, City or Tox	m, State, Zip	Code)	
2	INEZ NEU				230	STONE	ECRO	FT R	OAD,	APT.	I ,BA	LTIMO	ORE,	MD. 21229
	20a. METHOD OF DISPOSIT 1 A Buriel 2 Crematic 4 Donation 5 Other		oval from State	LOR!	ACE OF DISPO	PARK	CEM	etery, cre	matory or			DLAWN		ARYLAND
	21. SIGNATURE OF FUNERA	L SERVICE LI)	11	-	LE	ROY		RU	SSEL				JERAL HOMES
CERTIFICATION	shock, or heert feliure. List only one couse on sech line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF):													
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.									RMED?	. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED T	O MEDICAL					-	LACE OF	DEATH (C	heck only o	one)			
YSIC I	1 U YES 2 NO		HOSPITAL:					ne 5 🗆 F	tesidence	6 🗆 Oth	er (Specify)			
	27. MANNER OF DEATH 1 Natural 5	Pending	28a. DATE DI (Month, L		28b. Til	ME OF JURY	W	DRK?	_ NO	28d. Di	EŞCRIBE HOW	INJURY OC	CURED	
ED BY	1 Natural 5 Pending Investigation 2 Accident S Could not be determined determined									ICATION (Street and Number or Rural Route Number, y or Town, State)				
COMPLETED	cont only		SICIAN: To the best of a											s) and manner as stated.
	29b. SIGNATURE AND TITLE	E OF CERTIFIE	R /		_	1		29c. Li	ENSE NU	MBER		29d. DA	TE SIGNED	(Month, Day, Year)
BE	Jans	a	EK	me	m	2		D	13	1-	70	>	10	118/90
O I	30, NAME AND ADDRESS D													
2	J. E	PERSON WI	HO COMPLETED CAL	SE OF DEATH	(ITEM 27) (Typ	o, Print)	- ;	NA	in	sin	- +	ton	ne	21228

	1
	pinou
	I, 2, 3 shoul
	Pages 1
	permit.
91	ohysician. burial-transit

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

182-07-1159

Rosamond Mary Olsen

1 -

9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Chapel Hill Nursing Home Randallstown RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION Maryland Baltimore 0ella FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 432 Oella Ave. 21228 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noif yes, specify Cuben, Mexican, Puerto Rican, etc.)
1 TYES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 1 Never Married 2 Married BY 3 Wildowed 4 Divorced use as the ETED. 18e. DECEDENT'S USUAL DCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b, KIND OF BUSINESS/INDUSTRY (Specify only high detached for Elementary/Secondary (0-12) COMPL 12th grade Sales Rhebs Candy Store at once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) 2 Anna Siafried Joseph Wieber 5 should be notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 10 Eleanor Ave. Linthicum, MD 21090 Mary Nicholson 20g. METHOD OF DISPOSITION
1X Burlel 2 Cremation 3 Ren 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State examiner must Cedar Hill Cemetery 4 Donation 5 Other (Specify) Brooklyn Park, MD 21. SIGNATURE DF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Hubbard Funeral Home, Inc. histople Koo 4107 Wilkens Ave. Baltimore, MD 21229 medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, filled in by shock, or heart fellure. List pnly one cause on each line. 0 **IMMEDIATE CAUSE (Final** the cremation, disease or condition resulting in death) completely executed within event, DUE TO (OR AS A CONSEQUENCE OF): burial, Anoselemic or other traumatic CERTIFICATION the attending physician and Mental Hygiene prior to buri equentially list conditions, DUE TO (OR AS A CONSEQUENCE DF): Hygiene prior to If eny, leeding to immediate cause. Enter UNDERLYING certificate CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): ardite anythmia. PulliBle resulting in death) LAST requires that the death Injury. PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? MEDICAL signed by the shows any 1 TYES 2 NO has been a PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hea State certificate HOSPITAL . HOSPITAL: OTHER:
1 | Inpetient 2 | ER/Outpetient 3 | DOA | 4 | Nurel 1 TES 2 NO OR ATTENDING PHYSICIAN: raing Home 5 Residence 6 Other (Specify) 6 the 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 27. MANNER DE DEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED with L marked, 1- Natural 5 Pending 1 YES 2 NO BY L DIRECTOR: After t 2 hours after death death . 2 Accident 26e. PLACE DF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 is I 3 Suicide COMPLETED 4 Homicide Fe 29s. CERTIFIER
(Chack only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. HOSPITAL FUNERAL within 72 I 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. IMPORTANT: 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 五五三五 BE R.M. Show M.D D19668 223 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) R. Shah, M.D. 10705 Reisterstown Rd. Owings Mills, MD 21117 31. DATE FILED (Month, Day, Year)-32. REGISTRAR'S SIGNATURE JT 1 9 1000

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR | IF UNDER 24 HRS.

DAYS

6. AGE (In yrs. last birthday)

YRS.

1 □ M 2(X) F

REG. NO.

18^{DAY}

8:45 a m

8. BIRTHPLACE (State or Foreign

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

White

interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO

1 TYES 2 NO

29d, DATE SIGNED (Month, Day, Year)

10-18-90

COMPLETION OF CAUSE

1 YES XX NO

Maryland

9c. COUNTY OF DEATH

Baltimore

U.S.A.

10g, CITIZEN OF WHAT COUNTRY?

2. DATE OF DEATH

7. DATE OF BIRTH

(Month, Day, Year) 7-29-05

10

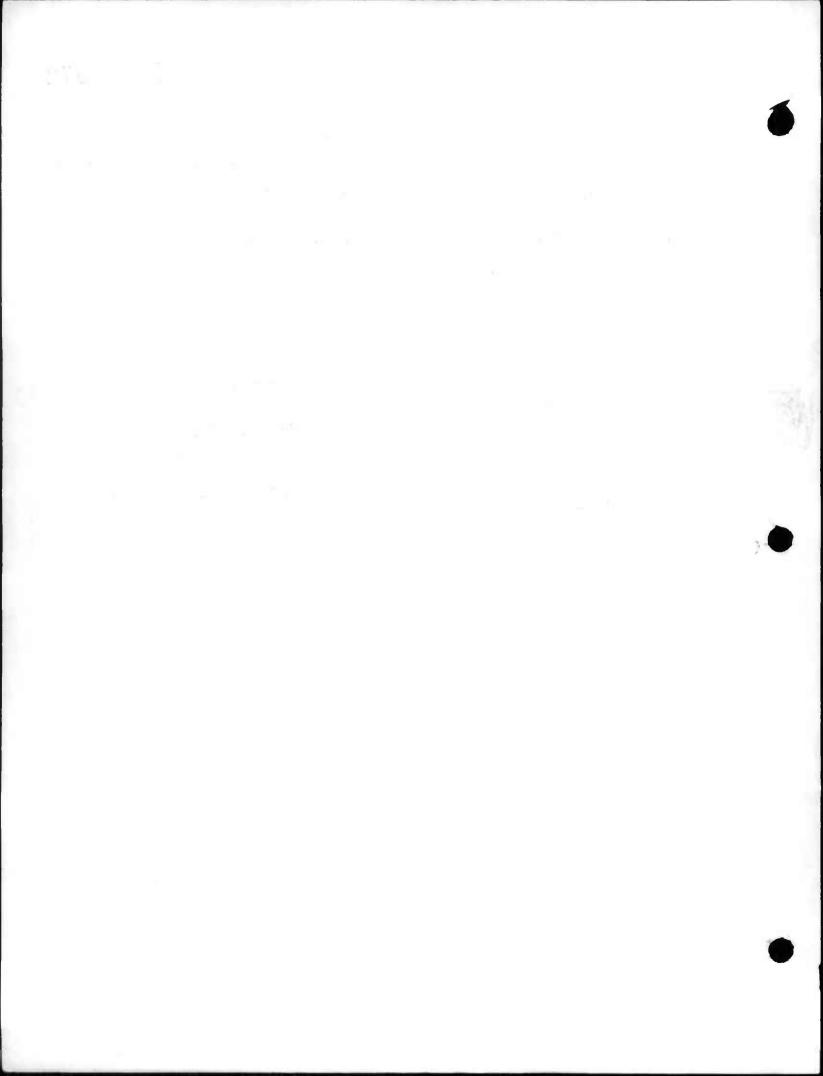
1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Last)	**					2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH				
	XXXXX S	HAWN	Pierce JR.			10-10-90		YEAR	4:07PM m		
	4. SOCIAL SECURITY NUMBER 5. S		(In yrs. last birthday) YRS. IF UNDER 1 YEAR IF UNDER 24 HRS. MORTHS DAYS HOURS MIN.					6. BIRTHPLACE (State or Foreign Could ALTO . MD .			
TOR	98. FACILITY NAME (II not institution, give stroot a Franklin Square Ho	9	96. CITY, TOWN OR LOCATION OF DE Baltimore Co				TY OF DEATH	County			
DIRECTOR	MD. BALTO	•		BALTO. CO. MD.					1. INSIDE CITY LIMITS? YES 2 V NO		
FUNERAL	100. STREET AND NUMBER 1404 BROWNING DR.			101. ZIP CODE 2122			10g. CITIZEN OF WHAT COUNTRY?				
Β¥	1 M Never Married 2 Married	WAS DECEDENT EVER IN U FORCES? 1 TYES IF YES, GIVE WAR OR DATE	2 NO	MED 13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Maxica 1 YES 2 NO Specify			n, Puarto Rican, atc.)		N. RACE — American Indian, Black, White, atc. SPACK		
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp. Elementary/Secondary (0-12) Co										
BE COM	17. FATHER'S NAME (First, Middle, Lest) SHAWN PIFRCR SR 18. NOTHER'S NAME (First, Middle, Meiden Surname) JACQUETTAPIERCE										
10	196. INFORMANT'S NAME (Type/Print) SHAWN PIERCE SR. 18 1404 browning dr. BALTO MD										
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal Donation 5 Other (Specify)	from State 0	LACE OF DISPOSIT ther place)		netery, crematory or	1	OC. LOCATION — C				
	21. SIGNATURE OF FUNERAL SERVICE LICENSI	2071			BROWN F/		W. NORTH	AVE.			
	23. PART I. Enter the diseases, or companies, or heart fellure. List IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	SUDDEN IN	h ilne. FANT DEA'			h es cerdiec or	reepiretory em	eet,	Approximate interval Between Onset end Deeth		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? AMALABLE PRIOR TO										
PHYSICIAN: MEDICAL	—————————————————————————————————————						MIPLETION OF CAUSE F DEATH? MYES 2 NO				
AN	25. WAS CASE REFERRED TO MEDICAL			26 0	ACE OF DEATH (Ch	eat anti-anal					
[[[EXAMINER?	OSPITAL:	lent 2 004	OTHER:			46.1				
	27. MANNER OF DEATH 1 Natural 5 Pending	Inpetiant 22PER/Outpetient 3				28d. DESCRIBE HOW INJURY OCCURED					
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datarmined	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)				28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, daeth occurred at the time, data and placa, and due to the cause(a) and menner as stated.										
BE	191 Augusture and Title OF CERTIFIER	TLE OF CERTIFIER 29c. LICENSE						0-12-	onth, Day, Year)		
5	MARIO F. GOLLE, JR., MD 111 Penn Street, Baltimore, MD 21201										

detached for use as the burial-transit permit. Pages 1, 2, 3 should the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24—Surs after death. Page 6 ms 128, per 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 10 ms 1

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

AND 21203-3146

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¥	4	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	supportant. It stom 28 to marked or stom 23 shows any Injury or other traumatic event, the medical examiner must be notified at
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FOR STATE REGISTRAR	STATE OF MAR	RYLAND / DEPAR CERTIF	RTMENT OF H	EALTH AND I	MENTAL HYGIEN REG. NO.		28573
1. DECEDENT'S NAME (First, Middle, Lest) DENNIS K. PAYTON					2. DATE OF DEATH MONTH DA		
4. SOCIAL SECURITY NUMBER 163-58-2291	5. SEX 8. /	AGE (In yrs. lest birthday) 29 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	10-16-9 7. DATE OF BIRTH (Month, Day, Year) 12-30-19	A BII	I 12:30pm M RTHPLACE (State or Foreign unity) Pa
9a. FACILITY NAME (If not institution, give st THE JOHNS HOPKI		L	96. CITY, TOWN O	OR LOCATION OF DE		9c. COUNTY O	P DEATH
RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY		TION	10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
504 N. Payson	Street		10	21223		US /	F WHAT COUNTRY?
11. MARITAL STATUS 1 \(\begin{array}{ccccc} Never Merried & 2 & Divorced & & Divorced & & & & & & & & & & & & & & & & & & &	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR	YES 2 NO	If yes, sp		IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.) /:	В	ACE — American Indian, lack, White, etc. pecify: Black
15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondery (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT u	S USUAL OCCUPATION work done during mose retired.)	DN sst of worlding	18b. KIND OF BU	SINESS/INDUSTR	Y
17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Melden Ce Thomas	Surname)	
Alfonso Payton 19a. INFORMANT'S NAME (Type/Print)				and Number or Rural i	Route Number, City or Tow		
Clarice Carter 20e, METHOD OF DISPOSITION 1 A Burlel 2 Cremation 3 Rem		20b. PLACE OF DISPO	SITION (Name of ce	metery, crematory or		CATION — City o	r Town, State
4 Donation 5 Other (Specify)		Western	Star Cen	netery		tonsvil	le, Md
23. PART I. Enter the diseases, or o	Marc				st ash Avenue		
shock, or heart feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions,		AS A CONSEQUENCE OF	on:		n as calumat of 1999	natory erroat,	Approximate interval Between Onest end Death 3 days 5 days
 PART II. Other eignificent condition	ns contributing to da	ath but not resulting	in the underlyin	g cause given in	Part i. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	R/Outpetlent 3 DOA	OTHER:	LACE OF DEATH (C)	s Other (Specify)		
27. MANNER OF DEATH Natural 5 Pending Investigation	26a. DATE OF IN. (Month, Day,	IURY 28b, TII	ME OF 28c. IN	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	D
3 Suicide 6 Could not be determined	28e. PLACE OF II building, etc	JURY — At home, farm, (Specify)	, street, factory, offi	De	28f. LOCATION (Street City or Town, State	end Number or Ru)	iral Route Number,
CONSCIN OTHY	ICIAN: To the best of my ER: On the basie of exam						ise(a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIE	5,00			29c. LICENSE NU	MBER	29d. DATE SIG	NED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WAS	Huspitel 6	00 Nho	de st	Balton	2 21207		
31. DATE FILED (Month, Day, Year) OCT 19 1990	Julia Davidso	signature Mandell					

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	4. SOCIAL SECURITY NUMBER 216-20-9646	1 □ M 2 🔀 F 64	YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day, 1	26	Country	Ma		
111	9a. FACILITY NAME (If not institution, give at				R LOCATION OF DE		9c. CO	UNTY OF O	EATH		
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	Md.			-	re (ity		Total .		1 X YES		
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8	17. FATHER'S NAME (First, Middle, Last)	0.1	(4)		18. MOTHER'S NAM		,		_		
2	HAM SOME	Baker				M. Gra					
Z	19a. INFORMANT'S NAME (Typo/Print) Thomas M. Passar				nd Number or Rural R Read Ba	,	44.1 -				
-	20s. METHOD OF DISPOSITION		b. PLACE OF DISPOSI				Oc. LOCATION -	1229	wa State		
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3. TIME OF DEATH

3:15 A. M

Myrtle M. Provenza

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REG. NO.

2. DATE OF DEATH

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are attending physician.	use as the bunial-transit permit. Pages 1, 2, 3 short		
AL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by minimentary attending physician.	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be described	72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	is it is an analysis or item 22 shows any injury or other traumatic event the medical examiner must be notified at once

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year 8. AGE (In vrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS MONTHS HOURS 1 M 2 TF 212-26-0030 91 YRS. 10-4-1899 Maryland 2 9a, FACILITY NAME (If not institution, give street end number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Harbor Hospital Center Baltimore RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Anne Arundel Glen Burnie 1 TES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7847 Americana Circle 21061 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indien, Bleck, White, atc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried BY 3 XXWidowed 4 Divorced White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INOUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) 8th grade Homemaker Own home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) John Calvert Susan Deutch ш 0 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 41 Park Lane - 9632 Hyde Park Easton, MD 21601 Joseph C. Provenza, Jr. 20a. METHOD OF DISPOSITION
1 Ñ Buriel 2 □ Cremetion 3 □ Removal from State 20b. PLACE OF DISPOSITION (Name of cametery, crematory or 20c. LOCATION - City or Town, State Elkridge, MD Meadowridge Memorial Park 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUND HAL SERVICE-LICENSEE 22. NAME AND ADDRESS OF FACILITY Hubbard Funeral Home, Inc. 4107 Wilkens Ave. Baltimore, MD 21229 23. PART I. Enter the diseasea, or complications that ceused the death. Do not enter the mode of dying, such sa cardisc or reapiretory arrest, Approximata shock, or heart fallure. List only one ceuse on each ilne intarval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition Massive resulting in death) Atrial nronic NO Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate Hear CERTIFICAT ngestive ceuse. Enter UNDERLYING CAUSE (Disease or injury thet initisted events Cardio Vascular Teriosclero toc reaulting in daath) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 OF DEATH? 1 YES 2 NO ICIAN: 26. PLACE OF OEATH (Check only one, 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER: PHYSI patient 2 ER/Outpatient 3 DOA Ing Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 28c. INJURY AT WORK? 1 Natural 5 Pending Investigation М 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end placa, end due to the cause(a) end menner as stated. TO THE HOSPITAL OF THE FUNERAL DE FILED WITHIN 72 HOUND TO THE FUNERAL DE FILED WITHIN 72 HOUND THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE FILED FOR THE EXAMINER: On the besis of exemination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and menner se stated 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 10 90 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED-(Month, Day Year) 32. REGISTRAR'S SIGNATURE q DHMH-18 Rev 1/89

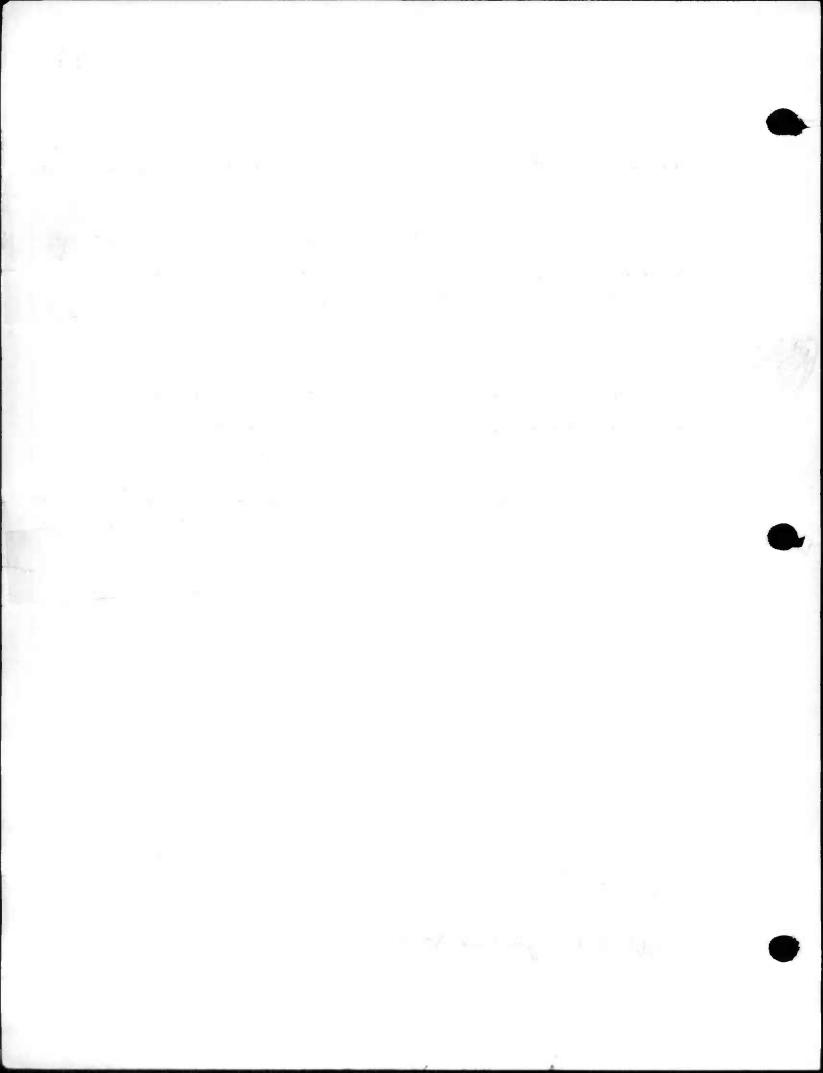
to follow the

BALTIMORE, MARY

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1. DECEDENT'S NAME (First, Middle, Last) Donald W. Randle						2. DATE MONTH	of DEATH -15-90) ^v	YEAR	3. TIME OF DEATH 12:49AM M		
	4. SOCIAL SECURITY NUMBER 217 40 8739	5. SEX 1 1 7 F	6. AGE (In yrs. las		UNDER 1 YEAR NTHS DAYS		(Month	OF BIRTH h, Day, Year)	1.1	(Country)	LACE (State or Foreign		
OR	Sinai Hospital	eet and number)		96		imore Cit							
DIRECTOR	10e. STATE 10b. COUNTY				OWN OR LOC					10d. INSIDE CITY LIMITS?			
	100. STREET AND NUMBER 4811 BAYOA	/-	7		BAKTIMORE 101. ZIP CODE 21206					AT COUNTRY?			
BY FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE FORCES? 1 Ves 2 2 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								Black.	American Indian, White, etc.			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) College (1-4 or 5+) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refered.) LINEMPLOYED												
BE CO	17. FATHER'S NAME (First, Middle, Lest) 1HOMAS RA	NOLE				16. MOTHER'S NA	EVI	9 18	ANG		:		
٩	DELORES R	ANDLE	- /	48/1	BAY	Namber or Rural I		BALT	to M		21206		
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	23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or hasn failure. List only one cause on such line. IMMEDIATE CAUSE (Final disease or condition resulting in desth) Approximate interval Between Onset and Death Onset and Death												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLY/ING CAUSE (Disease Dr Injury that initiated events resulting in deeth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): oue TO (OR AS A CONSEQUENCE OF):												
	PART II. Other significant conditions	contributing to	death but not	resulting in t	the underly	ing ceuse given in	in Part I. 24s. WAS AN AUTOPSY PERFORMED?			AVAILABLE PRIOR TO			
MEDICAL													
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	v	_ 0	26. THER:	PLACE OF DEATH (Ch	neck only or	ne)					
Y PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. OATE OF 10-15	INJURY	26b. TIME O	0F 28c. I	ome 5 Reeldenca INJURY AT WORK? YES 2 NO	28d. DE	SCRIBE HOW I		URED			
ETED BY	3 Suicide 6 Could not be Homicide determined	ffice	28L LOCATION (Street and Number or Rural Route Number, City or Rown, State) 3700 block Egerton Rd., Balto										
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as attated. 2 **MEDICAL EXAMINER: On the base of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and the cause (e) and t										and menner ea stated.		
TO BE	296. LICENSE NUMBER 296. LICENSE NUMBER COME 29d. DATE SIGNED 10-									Month, Day, Year) L5-90			
	30. NAME AND ADDIESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MARGARITA A. KORELL, MD 111 Penn Street, Baltimore, MD 21201 VC												
	31. DATE FILED (Month, Day, Year) OCT 18 1990 32 REGISTRAT'S SIGNATURE Junia Daysloon—Kondare												

DHMH-16 Rev 1/89

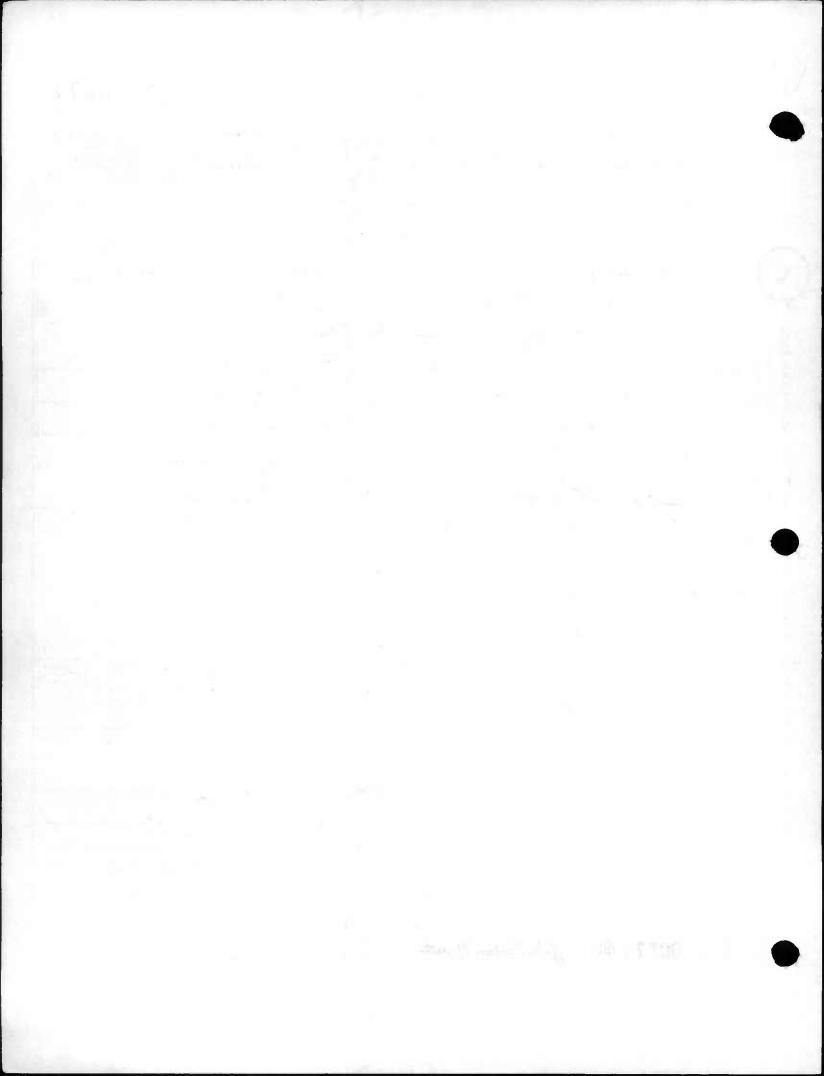


FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

28577 90

	NEGISTRAN		<u> </u>	-11111	ICALL	_ 01	DLA	111	HEU	1. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) MELVIN ATTILILO	RITTERPU	SCH						2. DATE OF DEA		0 41	AD I	:05 A.M. M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs, les									BIRTHPLACE (State or Foreign		
	216-28-0176	1 M 2 □ F	6. AGE (III yrs. 188	YRS.	IF UNDER	DAYS	HOURS	MIN.	OCT. 7,	1930		Country) MAR	YLAND	
	Sa. FACILITY NAME (If not institution, give at	reet and number)		9h CITY TOW			OR LOCATI	ON OF DE				OF DEATH		
æ	7021 BANK ST.				96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE							0. 02		
2	RESIDENCE OF DECEDENT		1	DALI	LMOK	<u> </u>								
S I	10a. STATE 10b. COUNTY	10c CIT	Y, TOWN C	DE LOCAT	MON	-		-	-	104	. INSIDE CITY			
DIRECTOR	MARYLAND -				ALTI		ion						LIMITS? YES 2 NO	
# 1	10e. STREET AND NUMBER					100	ZIP COD	E		1	log. CITIZEN	OF WHAT	COUNTRY?	
FUNERAL	7021 BANK ST.						212	24			U. S	. A.		
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	YT EVER IN U.S. AR I ☑ YES 2 ☐ I MAR OR DATES REAN	MED NO		If yes, sp		n, Mexica	HC ORIGIN? (Spec in, Puerto Rican, e y:			Black, Wh	American Indian, life, etc.	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CEDENT'S	USUAL O	CCUPATIO	ON and working	w.	16b. KIND (OF BUSIN	ESS/INDUST	TRY	-			
	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Do NOT u	work done se retired.)	ourny m	at or works	~						
립	NA	MATE:	RIAL	HAN	DLER		MAI	NUFA	CTURI	NG CO	OMPANY			
⋛	17. FATHER'S NAME (First, Middle, Last)						10 MOT	UED'S MA	ME (First, Middle, I	Jairian Cu	mamel			
BE CC	ALBERT JAMES RIT						HERESA I							
	19a. INFORMANT'S NAME (Type/Print)	b. MAILING	ADDRES	S (Street a	and Number	or Rural I	Route Number, City	or Town.	State. Zio Co	de)				
2	CATHERINE E. RITTERPUSCH (WIFE) 20a. METHOD OF DISPOSITION 1 10 Burlel 2 Crementon 3 Removal from State 20b. PLACE Coffee place									nute Number, City or Town, State, Zip Co $MORE, MD. 21224$				
					ACE OF DISPOSITION (Name of cometery, cremetory or her place) OAKLAWN CEMETERY			natory or	2	Oc. LOCA	TION — City	or Town,	State	
									BALTIMORE, MD).		
	21. SIGNATURE OF JUNETIAL SERVICE LIC	ENSEE			22.	NAME A	ND ADDRE	SS OF FA	ILITY					
	· 12-7	Bell	الح	SCHIMUNEK FUNERAL HOMES, 3331 BREHMS LANE, BALTIM						21213				
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that leather to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):								Onset and Death					
H	that initiated events resulting in death) LAST	d.												
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N: MEDICAL	PART ii. Other significant condition	s contributing to	o death but not	resulting	in the u	nderiyin	g cause	given in	Р	MAS AN AU PERFORMI YES 2 [ED?	COL	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
₹	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF E	EATH (C)	eck only one)					
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient :	DOA	OTHE		w 5 13-6	paldence	8 Other (Speci	(fv)				
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE O		28b. TII	_	28c. IN.	JURY AT		28d, DESCRIBE	-	URY OCCUP	ED		
BY	1 Natural 5 Pending 2 Accident Investigation	-			М		YES 2 [NO						
	2 Accident 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, to building, etc. (Specify) 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation 28e. PLACE OF INJURY — At home, to building, etc. (Specify)					tory, offic	:0		28f, LOCATION City or Town	(Street and , State)	1 Number or	Rural Route	Number,	
COMPLETED												ause(a) an	d manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIE	R					29c. LIC	ENSE NUI	MBER	1 :	29d. DATE S	IGNED (Ma	nth, Day, Year)	
H	markon (()	4					110	47/) /:	7-10	1-92	
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27)					י דא מי	PTMOT	יישו	m		/ /	5 17	70	
DR. MORTON ORMAN, 2936 E. BALTIMORE					л.,	BAL.	I TWOF	Œ, I	MD.					
	31. DATE FILED (Morith, Day, Year) 32. REGISTRAR'S SIGNATURE Selia Devider Fondale													



BALTIMORE, MARYLAND 21203-3146

IN THE HUSKI	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should	S be filed within	IMPORTANT
IN THE HOSTIAL OF ALLENDING CHISTORY. THE MAN REQUIRES THAT THE DESCRIPTION OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE	L DIRECTOR: After this certifi	hours after death with the	Hem 28 is marked, or
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יו אמותוואמנה אם	inding physician	Hygiene prior to	or other traun
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o area ocean . I ag	by the funeral dis	removal.	dicai examiner
mor on family of	ector, page 5 sh		must be noti
	ponid		fied

	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF	DEATH		YEAR	3. TIME OF OEATH
	JAMES TRAC	Y RIGG	INS								ER 1	08:25A™		
	4. SOCIAL SECURITY NUME	BER	5. SEX	8. AGE (In yrs. la	st birthday)	IF UNDER		-	R 24 HRS.	7. DATE OF (Month, I	BIRTH		8. BIRTI Count	IPLACE (State or Foreign
	218 01 630	7	1 😾 M 2 🗌 F	83	YRS.	MONTHS	DAYS	HOURS	MIN.	Jan.	1,1	1907	Counc	WV.
	9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY							EATH
DIRECTOR	SACRED HEA	RT HOS	PITAL			CUMBERLAND, MARYLAND A						ALLE	EGANY	
<u> </u>	10e. STATE	10b. COUNTY	1		10c, CIT	Y, TOWN C	R LOCA	TION						10d. INSIDE CITY LIMITS?
5	Md.	A116	egany			Luke	2							1 XYES 2 NO
AL	10e. STREET AND NUMBER			10	. ZIP CO	DE			10g. CIT	IZEN OF	WNAT COUNTRY?			
EH	124 Mu					2154	0				US			
FUNERAL	11. MARITAL STATUS 1 Never Married XXMerried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES.									NIC ORIGIN?			14. RAC	E — American Indian, k. White, etc.
BY F									Specif	nn, Puerto Ric ly:	ari, atc.,		Spec	lty:
			2.=220					101					!	White
COMPLETED	(Specify onl	EDENT'S EDU	completed)		ECEDENT'S Give kind of e. Do NOT u	work done	CCUPATI during me	DN ost of work	ing	16b. K	IND OF BU	SINESS/IN	DUSTRY	
۳	Elementary/Secondary (I)-12)	College (1-4 or 5	+)						1	apeı	_		
N	Unknown 17. FATHER'S NAME (First, M	Statetta di nindi)		W	estv	aco		10.110	THERM NO	AME (First, Mic				
8		, ,	Dia	aine				16. MO		da		gue	9.9	
BE	James Riggins				DIS MAIL IN	ADDRES	Ctreat	and Mumb		Route Number				
٩	190. INFORMANT'S NAME (Type/Print) Wilda Riggins									Luke,				
	20a. METHOD OF DISPOSIT	on 3 🗆 Rem	oval from State	20b. PLACE	OF DISPO	SITION (Na	me of ce	metery, cre	ematory or				- Cify or To	ort, Md.
	4 Donation 5 D Other		SENDER -	FILE	108				ESS OF E	ACIL ITY	W	5566	THP	ort, na.
	1/00	I.I	1.11.1	24000 k	de	Boal-Warnick Funeral Westernport, Md. 215					116H	ome		
-	4/0	Juna	M M	COVID	~	Do not anter the mode of dying, such as cardiac or respirator								1 A service
	ahock, or h	eart fallure.	List only one ca	use on each lin	6.	not anter	tha ni	oa oi o	ying, suc	on aa cardii	ic or reap	iratory a	rrest,	Approximata interval Batween
	IMMEDIATE CAUSE (Findisease or condition	nai	B	1 2	P	,	7	1/	-					Onsat and Dasth
	resulting in death)	→	· 19cle	parall	OLY	- 9	ξŪ	la	re	_				-
-1		_	de	nouna	10	1	1	Oil	a Pos	00)			1 1
CERTIFICATION	Sequentially list condit if any, leading to imme		DUE TO	OF AS A CONS	EQUENCE O	FE /	n	ur.	nei	2		_	-	
SAT	cause. Enter UNDERLY	ING	GI	Blood	10	wil		Car	col	nos	load	Tim !		
Ĭ	CAUSE (Disease or injution that initiated events		DUE TO	OR AS A CONS	EQUENCE C	F):	0.	1		17				
FI	resulting in death) LAS	ST L	a (0	n feet	ace	_ (la	4	Sa	rlin	0	-		
	PART II. Other significa	ant condition	ns contribution to	South but not	resulting	in the u	referebris	n caunk	Johan is	Part I T	Ha. WAS AN	Aumes	1 24	b. WERE AUTOPSY FINDINGS
MEDICAL	/	man	model	nou	- lea		.)	y	200000		PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ă	1/2	wia	Bed	mey	cen	Ve a				-	YES :	2 NO		OF DEATH?
-	- 12	em	Ke !	800	me	nee	a			_				1 TYES 2 NO
PHYSICIAN:	AL 1884 CARE RETERRORS !	n services						1 100 00						
<u> </u>	25. WAS CASE REFERRED T	O MEDICAL	NOSPITAL:	P. mana Co. Mana		OTHE	R:			heck only one.				
ΙΥS	1 YES 2 NO		28s. DATE O	ER/Outpatient	28th Til	_		JURY AT	Residence	6 D Other	Specify) RIBE HÓW	DE RIBLY O	CCUBED	
		Pending		Day, Year)	in in	JURY	W	YES 2	CI NO	340.000	men. How	mauni o	Part Control	
BY	2 Accident	Investigation	28s. PLACE	OF INJURY AL	home, farm.	street, for			1-1 40	287. LOCA	TION (Street	and Numb	er or Burel	Plaute Number
ED	3 Suicide 6 4	Could not be determined	building	s, etc. (Specify)	SHIP STORE						Zown, State			
	290. CERTIFIER										44			
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									(a) and manner as stated.					
8	29b. SIGNATURE AND WIL							_	CENSE NU					D (Month, Day, Year)
D15463 > 10/15/66								10-10 c						
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ([7/2m 27] (Type, Print)								2/70 .						
				/	- ' ' '	100			MAD	YLAND	215	62		
3	DR. SHIN KI	Year)	32. REGISTE	ALN STRE	TELL .	WESTI	CKNP	ORT,	MAK	TEAND	215	UZ		
DR. SHIN KIM, M.D. 90 MAIN STREET WESTERNPORT MARYLAND 21562 31. DATE FILED (Month, Day, Vent) 32. REGISTRAR'S SIGNATURE OCT 1 9 1990 Substitution Render														
		NAVU.												

ached for use as the burial-transit permit, Pages 1, 2, 3 should

he hospital or attending physician.

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1	AL	AL D	2	If It	3
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pa	be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene phor to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be	OF STREET BY BUYCLOIAN: MEDIOA! CETTIFICATION
	E HC	E FU	M P	MA	1
	王	E	file	AP0	0
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										9	UZ	28579
	1 - STATE REGISTRAR	STATE OF M					EALTH AND N DEATH	MENTAL	HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)			7.				2. DATE O	F DEATN		3. T	TIME OF DEATN
	SHIRLEY ELLE	N ROCK						10	1	i'5 90"		1:30 A M
	4. SOCIAL SECURITY NUMBER 213-32-1540	5. SEX 1 M 2 XF	6. AGE (In yrs. last	t birthday) YRS.	MONTHS DAYS HOURS MIN. 7. DATE OF BIRTH (Month), Day, Year) 10 27 34 Maryland							
	9a. FACILITY NAME (If not Institution, give st	,			9b. CITY,	TOWN C	R LOCATION OF DE	ATH		9c. COUNTY	OF DEATH	
DIRECTOR	St. AGnes Hospita	11			Ba1t	imo	re			<u> </u>		
[일	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN O	OR LOCAT	TION				10d	. INSIDE CITY
	Md Balt:	lmore			Balti	imor	e				N	LIMITS?
FUNERAL	100. STREET AND NUMBER 1222 Stevens Avenue					101	21227			U.S.		COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Olvorced	TEVER IN U.S. AR YES 2 XA AR OR OATES	MED 10		If yes, spe	endent OF HISPAN ecify Cuban, Maxican 2 NO Specify	n, Puerto Ric		or No 14.	RACE — A Black, Wh Specify:		
	15. DECEDENT'S EDUC (Specify only highest grade	CATION			USUAL O			16b. K	IND OF BU	SINESS/INDUS		
ᇦ	Elamentary/Secondary (0-12)	College (1-4 or 5+	·) Iffe.	Do NOT u	se retired.)	aunng mo	at of working					
M M		Yr Coll	ege S	ecre	tary			Re	tail	Sales		
TO BE COMPLETED	17. FATNER'S NAME (First, Middle, Lest)	ماليالا.	_ =				18. MOTHER'S NAI					
BE	John Frederick Hai	dtke, Sr			4000000	0.00	Myrtle			h Cull	_	
2	David C. Rock						AVenue, I					7
	20a. METHOD OF DISPOSITION	and the second	20b. PLACE	OF DISPO			metery, crematory or			CATION — City		
	1 N Buriel 2 Cremation 3 Rame 4 Donation 5 Other (Specify)	Ival from State	Balti	more	Nati	lona.	l Cemeter	ry	Ва	ltimor	e	
	21. SIGNATUBE OF FUNERAL SERVICE LIC	ENSEE	0-				ND ADDRESS OF FAC					
	> Jackie N	Sman	mer		. 對	ibba	rd Funera	al Hoi AVenu	me In e,Bal	Eimore	, Md	21229
	23. PART / Enter the diseases, or of shock, or heart fallure.	omplications the	t coused the de	ath. Do								Approximata Interval Between
	IMMEDIATE CAUSE (Final	List Only One Cau	se on each inte									Onset and Death
	disease or condition reaulting in death)	s. META	STATIC	SMAL	L_UNI	DIFF	ERENTIAT	ED CA	RCINC	MA OF	LUNG	1 year
	_	DUE TO	(OR AS A CONSEC	DUENCE O	F):							,
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate	DUE TO	(OR AS A CONSE	DUENCE O	F):							
S	ceuse. Enter UNDERLYING CAUSE (Disease or Injury	C			_							
늗	that initiated events	DUE TO	(OR AS A CONSE	QUENCE O	F):							
뜅		d										
l -, l	PART II. Other significant condition	a contributing to	death but not i	resulting	in the Ur	nderlyin	g cause given in	Part I.	24e. WAS AN			RE AUTOPSY FINDINGS
EDICAL								_	1 TYES	2 □ NO		MPLETION OF CAUSE DEATH?
ME				<u> </u>				_			1 [YES 2 NO
ä												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	120100		OTHE		LACE OF DEATH (Ch	eck only one;		<u> </u>		
1×S	1 YES 2 NO	1 Inpetient 2 28a. DATE OF		28b. TII	_		IURY AT			INJURY OCCUP	En	
	1 Natural 5 Pending	(Month, D	lay, Year)	IN	JURY M	WC	YES 2 NO	aou. Dege	INOL NOW		LD	
ЭВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE (F INJURY — At he atc. (Specify)	ome, farm,	street, fac	tory, offic	20	281. LOCA	TION (Street	and Number or	Rural Route	Number,
TED	4 Nomicide detarmined	tounuity,	=to: (opoolly)					City Of	Town, State	,		
COMPLET	Crieck drily	CIAN: To the best of	my knowledge, de	eth occur	red at the 1	time, date	and place, and due	to the caus	e(a) and ma	nner as stated.		
NO.	one) 2 MEDICAL EXAMINE	R: On the beals of a	xamination and/or	investigati	on, in my o	opinion, d	death occured at the	time, data a	ind place, a	nd dua to the o	ause(a) an	d menner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIE	3		_			29c. LICENSE NUI	MBER		29d. DATE S	IGNED (Mo	nth, Day, Year)
TO B	Best F. M	Torton	i m	D.			D08949	9		10/	15/90)
	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAU	SE OF DEATN (ITE	M 27) (Typ	e, Print)							

Dr. Bert F. Morton St. Agnes Hospital 900 S
31. DATE FILED (Month, Day, Year) . . . | 32. REGISTRAR'S SIGNATURE

OCT

1 9 1990

Julia Baindren Randall

OHMH-16 Rav 1/89

of the builai-trunsit permit. Pages 1, 2, 3 should

attending physician.

OCT 1 9 1990

Lulia Vairdson Randelle

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	
٦	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH
- 1	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH I	B. BIRTHPLACE (State or Foreign
	240-24-4065 10 M 2 DF 77 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year)	Country) N.C.
۳ ا	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNT	TY OF DEATH
6	RESIDENCE OF DECEDENT	
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION (BALTIMORE)	10d. INSIDE CITY LIMITS? 1 X YES 2 NO
	10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZI	EN OF WHAT COUNTRY?
FUNERAL	1213 LIGHT STAEET 21215	1. S.A
5	1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuban, Maxican, Puario Rican, atc.)	14. RACE — American Indian, Black, White, atc.
à	3 Wildowed A Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify:	Specify: Black
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	STRY
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 +) life. Do NOT use retired.)	
S I	17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname)	
BE C	Earl Sherrill Makel	
2	19s., INFORMANT'S NAME (Type/Print) 19s. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip O	Code) ///203
	208, METHOD OF DISPOSITION 208, METHOD OF DISPOSITION 208, DELOCATION — C 208, DELOCATION — C	n N. y 1/203
		ville, rd
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY	
	March F/H West 4300 Wabash Avenue	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory erre shock, or heart failure. List only one cause on each line.	st, Approximate interval Between
		Onset and Deeth
	disease or condition resulting in death) e. ACUTE RENAL FAILURE DUE TO (OR AS A CONSEQUENCE OF):	
_	SEVENE REPHAOSCLEZOSIS	į į
ᅙ	Sequentielly liet conditione,	106
<u>Ş</u>	If any, leading to immediate cause. Enter UNDERLY/ING CAUSE (Disease or injury that injuried events.) DUE TO (OR AS A CONSEQUENCE OF):	.7328
CERTIFICATION	that initiated events requiring in death) LAST	
- 1	PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY	24b, WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	CONGSTANS HEADT FALLURE PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	CHADRIC OBSTAURRIUE LUNG DISEASE	OF DEATH?
ž	STARSS ULCEA	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	
IX≳	1 YES 2 NO 1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCC	LIBED
	1 Netural 5 Pending (Month, Dey, Year) INJURY WORK? M 1 YES 2 NO	JAED .
D BY	2 Accident investigation 3 Suicida 8 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number of City or Town, State)	or Rural Route Number,
	4 Homicide datarmined	
7	29a. CERTIFIER (Check only) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as state	I I
COMPLETED	one) 2 MEDICAL EXAMINER: On the besis of exemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the	cause(a) and manner as stated.
BE	29c. LICENSE NUMBER 29d. DATE 29d. DATE 29d. DATE	SIGNED (Month, Day, Year)
힏		
	JUSEPH D. NOTARANGELO M.D. 301 ST. PAUL PLACE.	BALTIMONE 2120
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	
- 1	00=101000 Mt. K.L. 18-1-18	

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

. Page 6 may be retained to	al director, page 5 should	iner must be notified
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nours after death, Page 6 may be intained to	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be find within 72 hours after heath with the State Dent, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: I Item 28 is marked or Item 23 shows any Jajury, or other traumatic event, the medical examiner must be notified

	FOR STATE REGISTRAR		STATE OF N) / DEPAR					MENTAL	HYGIEN REG. NO.	_	0	28581
,	1. DECEDENT'S NAME (First,	Middle, Last)	Charlie	9		Sl	ater			MONTH	-17-90		YEAR 3	7:42AM
	4. SOCIAL SECURITY NUMBE 255-30-607		5. SEX 1 📉 M 2 🗌 F	6. AGE (In yrs. 62	last birthday) YRS.	IF UNDER	DAYS	IF UNDER	MIN.	7. DATE (Country)	ACE (State or Foreign
OR	9a. FACILITY NAME (If not ins	timore							on of DE	ATH	,		TY OF DEA	тн
DIRECTOR	RESIDENCE OF DEC	10b. COUNTY	,	10c. CITY, TOWN OR LOCATION Baltimore								Od. INSIDE CITY LIMITS? XXYES 2 NO		
ERAL [100. STREET AND NUMBER	altimo	ore Str	eet				1. ZIP COD	_			10g. CITI2	EN OF WH	AT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 1 3 Wildowed 4 Divor	12. WAS DECEDENT EVER IN U. FORCES? 1 YES SIVE WAR OR DATE					If yes, sp	ecity Cub		cen, Puerto Rican, etc.) Black,			14. RACE - Black, 1 Specify:	- American Indian, White, atc.
COMPLETED		DENT'S EOU highest grade		. DECEDENT'S (Give kind of life. Do NOT u	'S USUAL OCCUPATION of work done during most of working use retired.)				ltimo			ighway Dep		
BE CON	17. FATHER'S NAME (First, Min Charles S	-						18. MOT	HER'S NA	ME (First, A	fiddle, Maiden	Sumeme)		
TO B	19a. INFORMANT'S NAME (Ty										er, City or Tow			21212
۲	Kimberly Slater								treet				21216	
	20e METHOD OF DISPOSITION 1 Suriel 2 Cremetion 4 Donation 5 Other	(Specify)	110 (5-50)	20b. PLA 0th	ng Mer	moria	al P	ark				ndall		
	22. NAME AND ADDRESS OF FACILITY March F/H West 4300 Wabash Avenue													
	shock, or heert fallure. List only one cause on each line.									Approximate Interval Between Onset and Deat				
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
MEDICAL	PART ii. Other significa	nt condition	e contributing to	death but n	ot resulting	in tha u	indariyir	g ceuse	given in	Part i.	24s. WAS AN PERFO	RMED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO	MEDICAL					28 F	ACE OF	DEATH /C	heck only or	INSPEX	JITON		
SC	EXAMINER?	MEDICAL	HOSPITAL:	ER/Outpaties	nt 3 🗆 DOA	OTHE	R:	3.77.7		6 Othe				
H	27. MANNER OF DEATH		26e. DATE OI	INJURY	28b. TI		28c, IN	JURY AT	il de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la contraction de la con		CRIBE HOW	INJURY OC	CURED	
ВУ Р		Pending Investigation	(Month, L	Auy. TOUT)		M		YES 2	□ NO					
	3 Suicide 6	3 Suicide 6 Could not be 26a. PLACE OF INJURY — At home, farm building, etc. (Specify)					ctory, offi	Ce			ATION (Street or Town, State		or Rural Ro	oute Number,
COMPLET	Crieda only		ICIAN: To the best of											and manner as stated.
ш	296. SIGNATURE AND TITLE	OF CERTIFIE	R			· -·		29c. LI	CENSE NU	MBER				(Month, Day, Year)
TO B	Nonnig:	# Cu	ught					$\mid \alpha$	CME			1	0-17-	-90
F	30. NAME AND ADDRESS OF DONALD WRICE	GHT,MD			(ITEM 27) (Ty)		Stre	et,Ba	altir	nore,	MD 21	201		
	OCT 19 13	990	32. REGISTR	AR'S SIGNATU										

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DIVISION OF VITAL RECORDS, F.O. DOA 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within any other manner by the income that the manner of the hospital or manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the manner of the m	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, plage 5 should be their be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at one
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	FOR 1 . STATE	STATE OF MARYLAND	DEPARTMEN	T OF HEALTH AND	MENTAL HYGIENE	90 28582			
	1. DECEDENT'S NAME (Flox, Middle, Last)	Alston	5u	e OF DEATH	REG. NO. 2. OATE OF DEATH MONTH DAY	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 238.64-0348 9a. FACILITY NAME (If not institution, give st	5. SEX 8. AGE (In yrs. lee	YRS. MONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN. Y, TOWN OR LOCATION OF O	7. OATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country) NOTH CARGLING INTY OF GEATH			
ривестоя	HESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	ANUALE S	+ 6	BA110. C	lity				
110000	DAYLAND 100. COUNTY	,	10c. CITY, TOWN	101. ZIP CODE	10g. CIT	10d. INSIDE CITY LIMITS? 1 YES 2 NO TIZEN OF WHAT COUNTRY?			
FUNERAL	1320 W. L. 1. 11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. AF	5 / 13.	WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Yea or No—	14. RACE — American Indian, Black, White, etc.			
ED BY F	1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUC	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ECEDENT'S USUAL O	If yes, specify Cuben, Mexico		BLACK			
COMPLETE	(Specify only highest grade Elementary/Secondary (0-12)	completed) (G	Give kind of work done Do NOT use retired.)	during most of working	TOU KIND OF BUSINESS/IN	DUSTNY			
	17. FATHER'S NAME (First, Middle, Last)	Barazana			AME (First, Middle, Melden Surname)				
TO BE	190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) EARNEST Swift 1220 W. LANVALEST BALTO MO 21217								
	20a. METHOD OF OISPOSITION 1 Securial 2 Cremation 3 Rem 4 Donation 6 Other (Specify)	oval from State other p	UTUS MI	eme of cemetery, cremetory or	BALZ	- City or Town, Stata - Co. Mo			
	21. SIGNATURE OF FUNERAL SERVICE LIC	Russ	22	NAME AND ADDRESS OF FOR	RUSS FILT ETH AUS 2	1216			
	23. PART I. Enter the diseases, or o shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	complications that caused the de List only one cause on each line	е.			Approximate interval Between Onset end Death			
	resulting in death)	DUE TO (OR AS A CONSE		AL CEN		6 HOVIN			
RTIFICATION	Sequentially ilst conditions, if any, leading to immediate ceuse. Enter UNDERLYING	DUE TO (OR AS A CONSE	OUENCE OF):	- 10					
ERTIFIC	CAUSE (Disease or injury that initisted events resulting in deeth) LAST	DUE TO (DR AS A CONSE	QUENCE OF):						
MEDICAL C	PART II. Other significant condition	s contributing to death but not	resulting in the u	nderlying cause given in	Part i. 24a. WAS AN AUTOPS: PERFORMED? 1 □ YES 2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
						1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpatient 3	3 DOA 4 N		6 Other (Specify)				
ву рну	27. MANNER OF OEATH 1 Natural 6 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY M	28d. OEŞCRIBE HOW INJURY O	Id. OESCRIBE HOW INJURY OCCURED				
8	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — AI h building, etc. (Specify)	ome, farm, street, fa	ctory, office	281. LOCATION (Street and Numb City or Town, State)	er or Rural Route Number,			
29a. CERTIFIER (Check only one) 29a. CERTIFIER (Check only one) 29a. CERTIFIER (Check only one) 29a. CERTIFIER (Check only one) 29a. CERTIFIER (Check only one) 29a. CERTIFIER (Check only one) 20a. CERTIFIER (Check only one)									
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	ne		P 2		ATE SIGNED (Month, Pay, Year)			

CHAMES

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

CARY

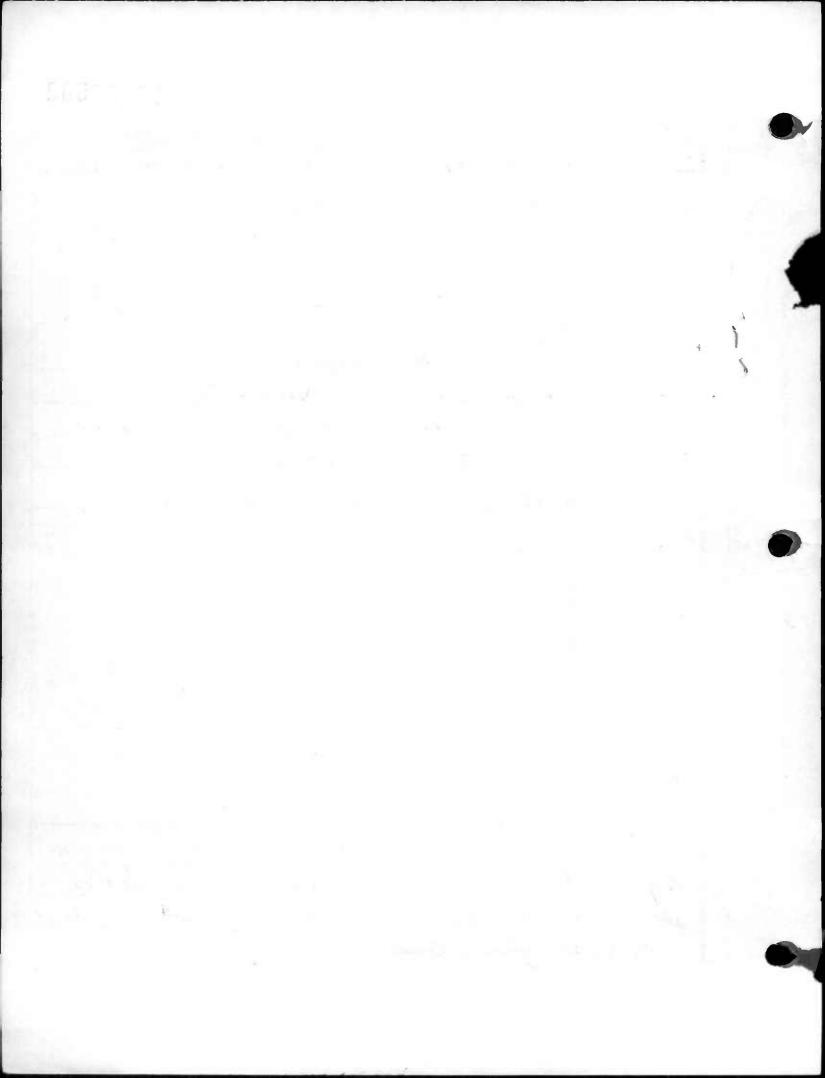
COHON 40. 6 6 7 N

31. DATE FILED (Month, Day, 1981)

OCT 18 1990 Julia Davidson—Randsk

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randelle

BALTO



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be reflained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be fled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
HT CL	H of	IMPO

31. DATE FILED (Month, Day, Year)
OCT 18 1990

32. REGISTRAN'S SIGNATURE
LA Davidson-Rindall

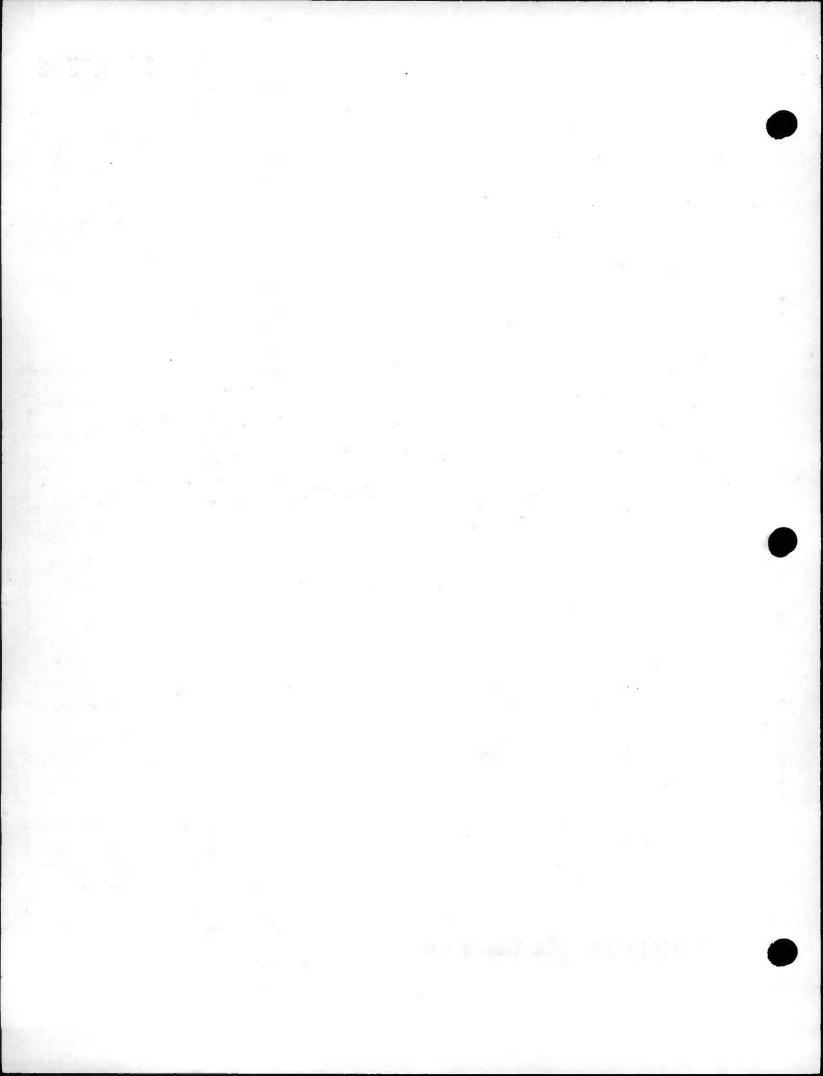
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Plaza

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		RTMENT OF H		MENTAL HYGIEN	E	0 28583		
	1. DECEDENT'S NAME (First, Middle, Last) ELIZABETH	B ELIZABET	TH B. S	STRANEY RANEY		2. DATE OF DEATH D	10/18/9 AV	3. TIME OF DEATH 0 0515 A. M		
	4. SOCIAL SECURITY NUMBER . 109-34-2188	1 M 2000 7	yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month 10/9/17	N	HRTHPLACE (State or Foreign - WORK YORK		
TOR	9a. FACILITY NAME (If not institution, give stated to the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the		L		UMBIA	EATH	HOWAR			
DIRECTOR	MARYLAND HOW.			LUMBIA		1		10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
FUNERAL	100. STREET AND NUMBER 5886 STEVENS FORE	Contract of Street, Street, St.	1		21045	,	U.S			
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	NIC ORIGIN? (Specify Yeen, Puerto Rican, atc.) fy:	e or No 14.	RACE American Indian, Black, White, etc. Specify: WHITE					
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 12					18b. KIND OF BU		RY		
BE COM	17. FATHER'S NAME (First, Middle, Last) WILLIAM J. BETTS 18. MOTHER'S NAME (First, Middle, Maiden Sumame) JULIA MINOGUE									
TO B	190. INFORMANT'S NAME (Type/Print) SHEILA HOCKER 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10548 CROSS FOX LANE, COLUMBIA, MARYLAND 21044									
	20s. METHOD OF DISPOSITION 1X Burlel 2 Cremation 3 Remo	oval from State S	PLACE OF DISPO T. JOHN	S CEMET	metery, crematory or ERY		ENS, NE	or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LIC	Sittle Sittle		LEROY		SSELL C. W		FUNERAL HOMES		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as Cardiac or reapiratory arrest, shock, or heart failure. List only one cause on asch line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE C	metas	sitet	Stage	IL.	2425		
PHYSICIAN: MEDICAL CI	PART II. Other significant condition Chronic anam Cachexia	_	culance	rus Fr	g cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 YHO		
IYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 100	HOSPITAL: 1 Inpetient 2 ER/Output		OTHER: 4 Nursing Hor		6 Other (Specify)	IN HERY COCHE			
BY	1 Netural 5 Pending Investigation 2 Accident 6 Could not be determined	(Month, Day, Year) 28a. PLACE OF INJURY building, stc. (Spec	— A1 home, farm,	M 1 🗆	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State	and Number or i			
COMPLETED	Tottook only	CIAN: To the best of my knowl R: On the beele of examination						ause(e) end menner ee stated.		
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIES ON X. Mu 30. NAME AND ADDRESS OF PERSON WH	MD	ATH (ITEM 27) (Typ	e, Print)	0 30 S		- 1	GNED (Month, Day, Year)		

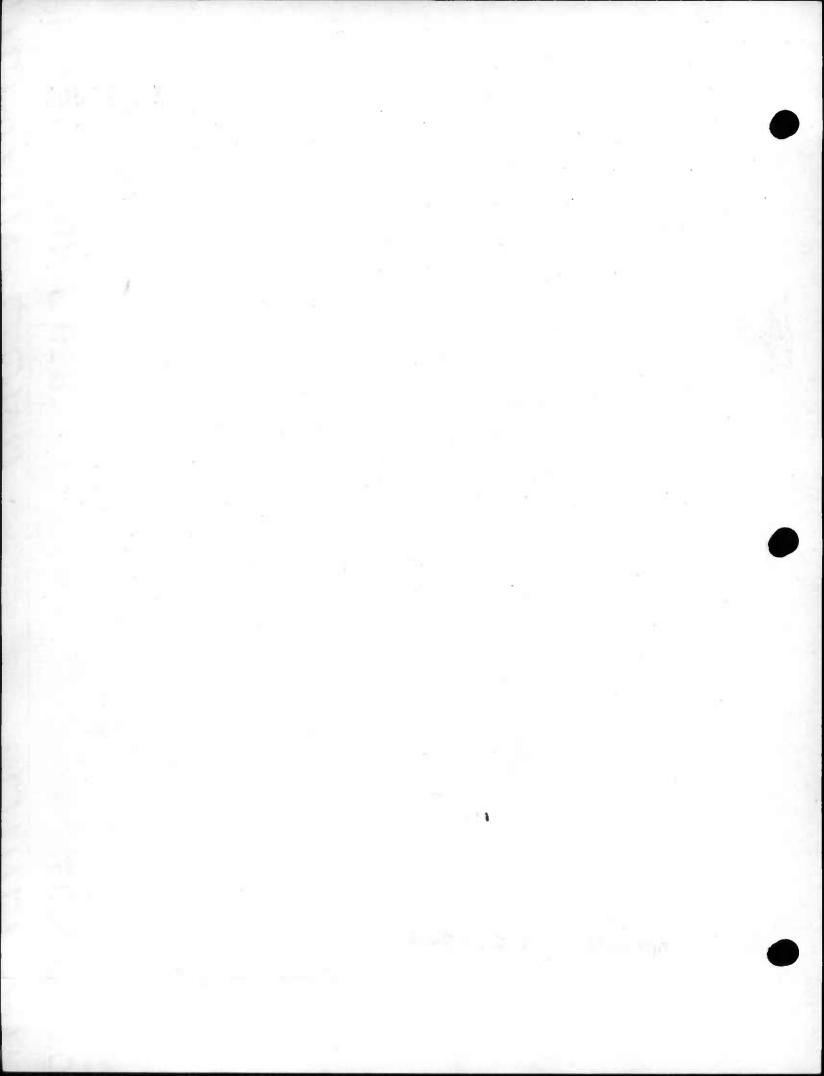
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DHMH-16 Rev 1/89



transit permit. Pages 1, 2, 3 should

	1 - STATE REGISTRAR	STATE OF MARYLA			HEALTH AND	MENTAL HYGIEN REG. NO		28584
	1. DECEDENT'S NAME (First, Middle, Last)	Sexto	ANN	L. SEX	ION	2. DATE OF DEATH D	0/17/9 ~ 9 5	3. TIME OF DEATH
		8. SEX 8. AGE (III	n yrs. lest birthday) YRS.	MONTHS DAY		7. DATE OF BIRTH 1 2 (Month, Day, Ybar)		BIRTHPLACE (State or Foreign Country) ENNSYLVANIA
	9a. FACILITY NAME (If not institution, give stree			9b. CITY, TOW	N OR LOCATION OF DI	EATH	9c. COUNTY	OF DEATH
DIRECTOR	HOWARD COUNTY GEN	ERAL HOSPITA			JMBIA HOWARD			ARD
DIRE	MARYLAND HO	WARD			TOWN OR LOCATION LLICOTT CITY			10d. INSIDE CITY LINAITS? 1 - YES 2X NO
ZAL.	10e. STREET AND NUMBER		,		10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	3026 FAWNWOOD DRI			1	21043			S.A.
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuban, Maxican, Puarto Rican, atc.) 1 YES 2 X AMO Specify:			RACE — American Indian, Black, White, etc. Specify: WHITE
ED	15. DECEDENT'S EDUCAT (Specify only highest grade col	TION mpleted)	18a. DECEDENT'S	work done during	ATION most of working	16b. KIND OF BU	SINESS/INDUST	TRY
COMPLET		Collage (1-4 or 5+)	MEDICAL	se retired.)		HEALT	TH CARE	
NO.	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
BE	MICHAEL REARDON				LAURA			
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		
	JOHN SEXTON	20h			OD DRIVE,	ELLICOTT (CATION - City	
	20a_METHOD OF OISPOSITION 1 CABuriet 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	al from State	other place)		NAL CEMETE			, FLORIDA
	21. SIGNATURE OF FUNERAL SERVICE LICEN		7				TTTTV	FUNERAL HOMES
	Kumeer	Ditte						A,_MD.21045
	23. PART i. Enter the diseases, or con shock, or heart fallure. Lis	nplications that caused	the death. Do					, Approximata
	IMMEDIATE CAUSE (Final	it brily one cause on as	ich iina.					Interval Between Onset and Death
	resulting in death) a. Cardiopalmanay andst						minutes	
		OUE TO (OR AS A	CONSEQUENCE	F):	Herman	or isola		Mis. No.
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE O	F):	1		and.	17 17 17 17 17 17 17 17 17 17 17 17 17 1
CAI	cause. Enter UNDERLYING CAUSE (Disease or injury	Corana	-	ten	dite	920		glars
E	that initiated events	DUE TO (OR AS A	CONSEQUENCE O	F): /				β
빙	d							
AL	PART II. Other algnificant conditions	contributing to death be	ut not reaulting	in the underl	ying cause given in	Part i, 24a. WAS AN PERFO		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDIC						1 _ YES :	2 NO	OF DEATH?
ME								1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			20	B. PLACE OF OEATH (C)	neck only one)		<u> </u>
SIC		HOSPITAL:	etient 3 P DOA	OTHER:	Home 5 - Residence			
Hd	27. MANNER OF DEATH	28a, DATE OF INJURY (Month, Day, Year)	28b. Till	AE OF 28c.	INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCUR	ED
ВУ	1 Natural 5 Pending 2 Accident Investigation			M 1	YES 2 NO			
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm,	street, factory, o	office	28t, LOCATION (Street City or Town, State	and Number or (Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA One) 2 MEDICAL EXAMINER:							ause(s) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	.) 0 1.		-	29c. LICENSE NU			IGNED (Month, Day, Year)
) BE	Herben of	Valent	MD			1834	▶ 10	17/90
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF DE	ATH (ITEM 27) (Type	e, Print)	-			
	31. DATE FILED (Month Day Year)	A2 REGISTRAD'S SION	ANTRE O AG					
	31. DATE FILED (Month, Day, Year) OCT 1 8 1990	Ma Davidson	Kondell					



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director,		L mus
funeral		IMPORTANT; If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
the	Na.	e
3	ma.	die
P. P.	0	Ē
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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral d	, cremal	event,
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31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE
Lika Davidson-Rondalls

	FOR STATE REGISTRAR	STATE OF M	MARYLAND /	DEPAR ERTIF	TMENT ICATE	OF H	EALTH AND A	ŃENTAL	HYGIEN REG. NO.	46	30	28585
	1. DECEDENT'S NAME (First, Middle, Last) LENA SHEPARD							2. DATE OF	D/		YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER		IF UNDER 24 HRS.	7. DATE OF	BIRTH	T	6. BIRTHPLA	ACE (State or Foreign
	215-18-8436	1 🗆 M 2 🔀 F	89	YRS,	MONTHS .	DAY8	HOURS MIN.		30 °1'90		Mary:	
	9a. FACILITY NAME (If not institution, give st Baltimore County		Hospita	1	96. CITY, TOWN OR LOCATION OF DEATH Randallstown			ATH			TY OF DEAT	
50	RESIDENCE OF DECEDENT		nospita.					Baltimor				
FUNERAL DIRECTOR	, , , , , , , , , , , , , , , , , , , ,	timore		10c. CIT	y, town or location Pikesville						1[d. INSIDE CITY LIMITS? YES 2 2 NO
IERAL	7 Sudbrook Lane					101. ZIP CODE 21208				10g. CITIZI		T COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 N Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 X	RMED NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes if yes, specify Cuban, Maxican, Puerio Rican, etc.) 1 ☐ YES 2 ▼ NO Specify:			or No-	14. RACE — Black, W Specify:	American Indian, hita, atc. White		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		+) (C	ECEDENT'S Give kind of a. Do NOT u ales1	work done during most of working use retired.)			222	tail	SINESS/INDU	STRY	
BE COM	17. FATHER'B NAME (First, Middle, Last) Harry Abramson					18. MOTHER'S NAME (First, Middle, Melden Surneme) Anna Gutkin						
TO B	199. INFORMANT'S NAME (Type/Print) Sadie Salkin 190. MAILING ADDRESS (Street and Number or Rural Root 6503 Park Heights Ave.							Poute Number, City or Town, State, Zip Code) e., #B-1, Balt. MD 21215			1215	
	20a. METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Remote A Donation 5 Other (Specify)	oval from State	Beth	of dispo	sition (Na)	ne of cer	enetery, crematory or Park			cation — c ndalls		
	21. SIGNATURE OF FUNERAL SERVICE LIC	Progreels	2		H	ebre	ND ADDRESS OF FA EW Memori Reisters	al Fu				c. e, MD 21208
	23. PART I. Enter the diseases, pr											Approximete Interval Between
									Onset and Death			
z	DUE TO (OR AS A CONSEQUENCE OF):											
ATIO	Sequentially list conditions, If eny, leading to immediate cause. Enter UNDERLYING CALISE (Disease or Injury CALISE (Disease or Injury) C. Africal Fibrillation											
CERTIFICATION	CAUSE (Disease or injury that initieted events resulting in death) LAST	c. DUE TO	OR AS A CONSE	EOUENCE C	PF:	MUST	<u> </u>					
R		d										
MEDICAL	PART II. Other algnificant condition	ea contributing to	deeth but not	reaulting	in the un	derlyln	g ceuse given in		24a, WAS AN PERFOI 1 YES 2	RMED?	AM CC	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?
M											1	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	LICORITAL .					LACE OF DEATH (Ch	eck only one)			
YSIC	1 YES 2 NO		☐ ER/Outpatient			sing Hon	ne 5 🗆 Residence				44950	
	1 Natural 5 Pending	26a. DATE O (Month,	Pay, Year)	28b. TII	ME OF JURY M	W	JURY AT ORK? YES 2 NO	28d. DESC	TRIBE HOW	INJURY OCC	URED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be datarmined 28s. PLACE OF INJURY — At home, building, etc. (Specify)					n, street, factory, office 28f. LOCATION			TION (Street Town, State	N (Street and Number or Rural Route Number, wn, State)		
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINE	7. 7.										nd manner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIE	R 4	0 -				29c. LICENSE NU	MBER				fonth, Day, Year)
TO BE			deh in							•	10.16	5.90-
F	30. NAME AND ADDRESS OF PERSON WI	ID COMPLETED CA	USE OF DEATH (IT	EM 27) (Typ	e, Print)							

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by the impatral or antending physician.
The detached for use as the burial-transit permit. Payes 1, 2/0 should

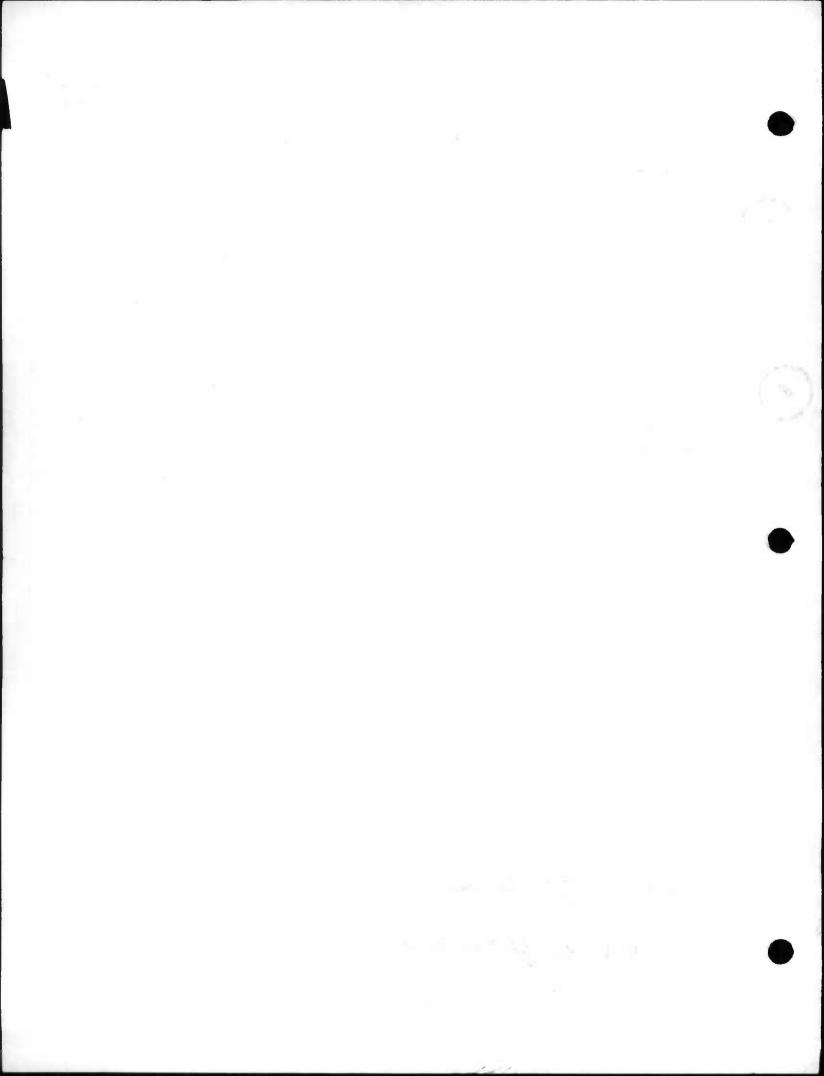
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BALTIMORE, MARY

ours after death. Page 6 may be re-

MINIT	#91	1_1	Q'

	FOR STATE REGISTRAR	TE OF MARYLA	ND / DEPARTM CERTIFIC				GIENE (90 2	28586
	t. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEA	ATH DAY	YEAR 3. 1	IME OF OEATH
	Dwayne				1	10	14 9	0.	9:23 A. M
	1105-58-1541 12	M 2 □ F 2 2	YRS. MO	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT	24 67	New!	CE (State or Foreign 107 R
<u>ر</u>	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 100 blk. Eutaw Street Baltimore								'
틵									
DIRECTOR	New York Bronx		Neu	OWN OR LOCAT	ION				. INSIDE CITY (LIMITS?) YES 2 NO
AP.	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT								COUNTRY?
FUNERAL	2280 Randall Avenue 10473 USA								
BY FUI	1 1 Never Married 2 Married FO	AS DECEDENT EVER IN L PRCES? 1 🗌 YES YES, GIVE WAR OR DAT	2 NO	If yes, spi	ENDENT OF HISPAN icity Cuban, Mexical 2 [X] NO Specify	n, Puarto Rican, e		Black, WI Specify:	
	15, DECEDENT'S EDUCATION		16a. DECEDENT'S US	UAL OCCUPATION	ON	16b. KIND (OF BUSINESS/INC		Black
<u> </u>	(Specify only highest grade complete Elementary/Secondary (0-12) Colleg	ge (1-4 or 5 +)	(Give kind of work life. Do NOT use re	done during mo attred.)	st of working		0 7	1 . 4.	
COMPLETED	11 years		aborer				ral Iv	iaust)	LY
_	17. FATHER'S NAME (First, Middle, Last) Henry Tucker				18. MOTHER'S NA	me (First, Middle, M .ne. Smi	, , , , , , , , , , , , , , , , , , , ,		
8	t9e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	nd Number or Rural F			p Code)	
2	Lorraine Smith Tu	icker							rk 10473
	20a. METNOD OF DISPOSITION 1 Buriel 2 Committee 3 Removal from 4 Donation 6 Other (Specify)	m State 20b.]	Rosehill Ce	metery Cemete	44		Bronx		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			22. NAME AN	O ADDRESS OF FA	CILITY	638 N.	Gilm	or Stree
	Derry Har	nsi		Lerou	y Harri	s F/H	Baltim	ore,	Md 21217
	23. PART I. Entar tha diseases, or compile ahock, or heart fallure. List on			antar the mo	da of dylng, auc	h as cardiac or	respiratory ar	rest,	Approximata Intarval Batween
	IMMEDIATE CAUSE (Final	· content en							Onset and Death
	resulting in daeth) a	Gunshot Wo	UNG OF CE	<u>iest</u>					
CERTIFICATION	Sequentially list conditions, If any, leeding to immediata ceuse, Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):						
FIC/	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):						
ᇤ	resulting in death) LAST								
AL C	PART II. Other significant conditions control	ributing to deeth bu	t not resulting in	the underlyin	g cause given in		MAS AN AUTOPSY	24b. WE	RE AUTOPSY FINDINGS
SCA							PERFORMED?	co	ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
MEDIC									YES 2 NO
ÿ									
PHYSICIAN:		PITAL:		THER:	LACE OF DEATH (Ch				
14S	2131	npatient 2 - ER/Outpa	126b, TIME 0		NE 6 Residence		NOW INJURY OF		
BY PI	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year) 10-14-90	INJUR	M 1	YES ZXX NO	subjec	t was s	hot by	Police
品	3 Suicide 6 Could not be determined	26s. PLACE OF INJURY - building, etc. (Specif	stree		•	City or Town			Balto., Mo
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYINO PNYSICIAN: To					to the ceuse(e)	end manner as st	sted.	
TO BE	LK 8 XX	n			OCM		≥ 0G. UA	10-14	-9_31 -01
	Frank J. Peretti,	M.D.	111 Penr		Balto.,	Md. 21	201		
	31. DATE FILED (Month, Day, Year) OCT 1 9 1990	12. REGISTRAR'S SIGNA	TURE AMPLE						
	ו טשנו ע דוטי	100000000000000000000000000000000000000	•		-				DHMN-16 Rev 1/89

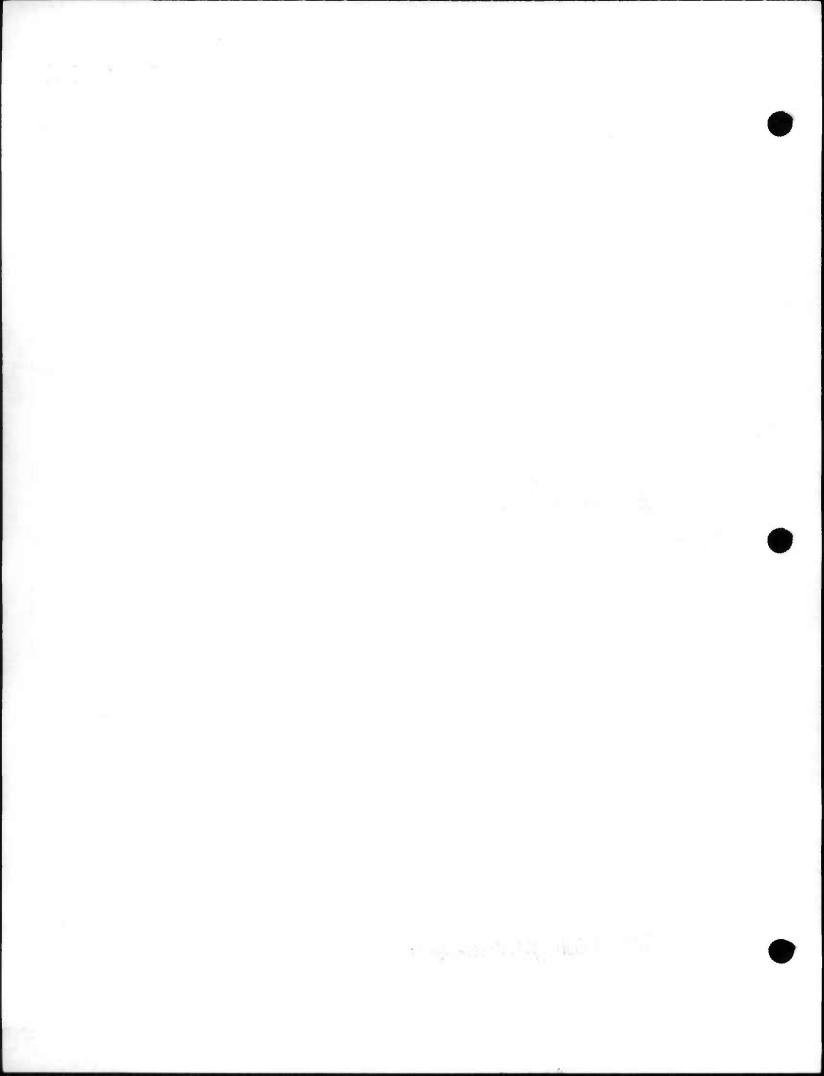


burial-transit permit. Pages 1, 2, 3 should BALTIMORE WARYLAND 21203-3146 after death. Page from the heaptfall or attending physician.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

a leaved by the hospital or attending p	or need about be detached for use as the b		be cofflied at once.
E.	×	3	ä
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zernours after death. Page / ming. Permed by the hospital or attending p	neral dire	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner man secured at once.
TO THE HO	TO THE FUN	be filed with	IMPORTA

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIEN	E 2	0 20301	
	1. DECEDENT'S NAME (First, Middle, Last)	-				2. DATE OF DEATH		3. TIME OF DEATH	
	WILBUR C. WOERN	ER JR				MONTH 10	18 4	40 4140PM	
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)	
		1 1 M 2 □ F	71 YRS. MO	ITHS DAYS	HOURS MIN.			Marvland	
	9a. FACILITY NAME (If not institution, give st	reet and number)	9b.	CITY, TOWN OF	LOCATION OF DE		9c. COUNTY	OF DEATH	
OR	UNION MEMORIAL	HOSPITAL	E	BALTIMO	RE				
ᇈ	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		100 CITY TO	WN OR LOCATION	ON			10d, INSIDE CITY	
DIRECTOR	MARYLAND		100.011,10	Arbutu				LIMITS?	
	10e. STREET AND NUMBER	imore			ZIP CODE		100. CITIZEN	1 VES 2 NO	
RA	5239 DeWitt Road				21227			USA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEOENT EVER IN	U.S. ARMED	13, WAS DECE		IC ORIGIN? (Specify Yes		. RACE — American Indian,	
	1 Never Married 2 Married	FORCES? 1 YES	2 NO	if yes, spa	cify Cuban, Maxicar 25 NO Specify	n, Puarto Rican, etc.)		Black, White, atc. Specify:	
BY	3 ₩idowed 4 □ Divorced				X.,			White	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S USL (Give kind of work	done during mos	N t of working	18b. KIND OF BU	SINESS/INDUS	TRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use re	rired.)	•				
MP	0-6th -		5 & LOOT	ve make			acturi	ng	
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	ME (First, Middle, Maiden	Surname)		
BE	Wilbur C. Woerner 19a, INFORMANT'S NAME (Type/Print)	Sr.				nce E. Phi			
2	DELIGION DE SELECTION DE LA CONTRACTION DE LA CO					Poute Number, City or Tow			
	Bessie W. Bolles	200	PLACE OF DISPOSITION			Arbutus.		227_ y or Town, Stata	
	1 ⊕ Burial 2 □ Cremetion 3 □ Ramo 4 □ Donation 5 □ Other (Specify)	oval from State	other place)						
1	21. SIGNATURE OF PUNERAL SERVICE LIC		aryland V		ADORESS OF FAC		rison	Forest,Md.	
- 1	6/10	A		Ambroo	o Funor	al Homo In			
_	A. PART J. Enter the diseases, or o		-50.	1328	ulphur (Spring Roa	d . 2122	7	
1	ahock, or heart fallure.	complications that caused Liat only one cause on as	tha daath. Do not ch lina.	anter the mod	le of thying, sucl	h as cerdiac or reap	ratory erres	t, Approximata intervai Between	
U	IMMEDIATE CAUSE (Final disease or condition	110		5 11				Onset and Death	
	reaulting in death)	0,	consequence of:	24	OCIC			5 hrs.	
		DUE TO (OR AS A	CONSEQUENCE OF):	. 4		C	0		
CERTIFICATION	Sequantielly list conditions,	DUE TO (OR AS A	CONSEQUENCE OF:	7017 000	W COUNTY	Corga	ic per	The	
TA.	If any, leading to immediate cause. Enter UNDERLYING	TRAUMA	TIC Days		1 of 4 T	high and	Coscient	STATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY	
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F	resulting in death) LAST	d							
	PART ii. Other significant condition	a contributing to death by	th mak mandhing in h	hi medadular		Part I. 24a, WAS AN	ALCTO DOLL	24b. WERE AUTOPSY FINDINGS	
NA			it not reauting in t	ne underlying	ceuse given in	PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
ă	Alcoholism					1 _ YES :	- INO	OF OEATH?	
Σ						—		1 TYES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL			26 DI	ACE OF OEATH (Ch	eak anti anni		/ 0//1	
PHYSICIAN: MEDIC	EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:					
4	27. MANNER_OF DEATH	28e. DATE OF INJURY	28b. TIME O			8 Other (Specify) 28d. DESCRIBE HOW	NJURY OCCUR	RED	
	1 Netural 5 Pending	(Month, Day, Year)	INJURY	WO	RK? ES 2 NO				
BY	a D a titl	Accidant Investigation Suitelda 28s. PLACE OF INJURY — At home, farm, street, factory, office 28st. LOCATION (Street and Number or Rural Route Number,						Rural Route Number,	
	3 Suicide 6 Could not be building, etc. (Specify) 4 Homicide determined								
9	29a. CERTIFIER								
COMPLET	CENTIFUNG PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. (Check only one) 2 MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated.								
	29b, SIGNATURE AND TITUE OF CERTIFIE				29c. LICENSE NUI			BIGNED (Month, Day, Year)	
8	North L	en mo	Dr. Scho	1 AAb	AL.	mesen.	I A	11010-	
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE OF DE			wy	Bult	1 / (140	
	Kem woods	semy us	Union		noe A	spital :	101 E.1	Univ. Plan	
	31. DATE FILD COT 1 9 1990	32 REGISTRAR'S SIGN							

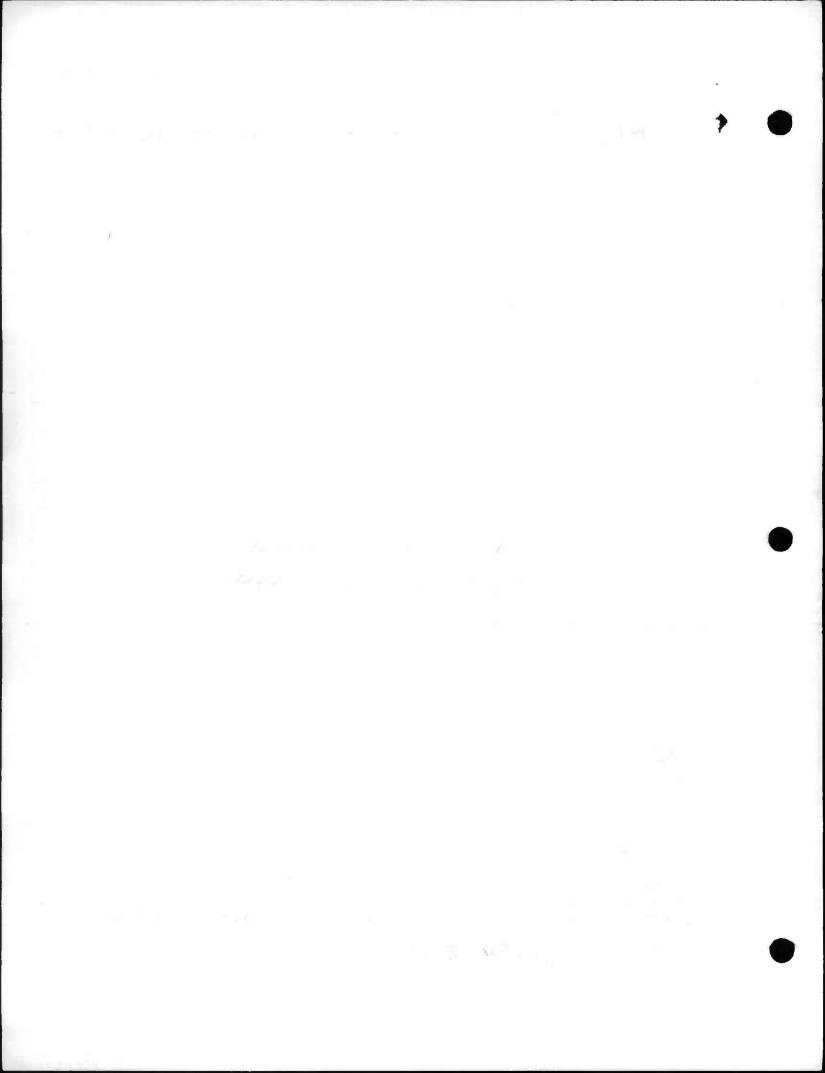


BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 module again, Page 6 may be retificate has been signed by the attending physician and completely filled in by the funeral director, page 5 could be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notificered.

	FOR STATE REGISTRAR	STATE OF MAR				EALTH AND M DEATH	MENTAI	L HYGIENI REG. NO.	E		
•	1. DECEDENT'S NAME (First, Middle, Last) R Py mo	Qu	しいを	メレミ	R		2. DATE MONTH		× 9	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 533-12-9509	5. SEX 8. At	GE (In yrs. last birthday)	MONTHS	1 YEAR DAYS	IF UNDER 24 HRS. NOURS MIN.	7. OATE (Month July	of BIRTH 1, Day, Year) 7 12,	1914	Country	chusetts
OR	90. FACILITY NAME (If not institution, give str Montgomery Genera			95. CITY, TOWN OR LOCATION OF DE 01ney							
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Montgomery			ty, town o							10d. INSIDE CITY
RALD	10a. STREET AND NUMBER 15100 Interlachen		10f. ZIP CODE 20906					1/2 YES 2 □ NO 10g. CITIZEN OF WHAT COUNTRY? United States			
BY FUNE	11. MARITAL STATUS 1 Never Married 2XXMarried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ER IN U.S. ARMED	MED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Ye							
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elamentary/Secondary (0-12)		18a. DECEDENT' (Give kind o life. Do NOT	f work done (use retired.)	during mos	N t of working		KIND OF BUS	SINESS/IND		
BE COM	17. FATHER'S NAME (First, Middle, Lest) Samuel Wexler	<u> </u>		8-3-		18. MOTHER'S NAM			Sumame)		
TO B	19e. INFORMANT'S NAME (Type/Print) Ruth Wexler		same	as i	item		loute Num				
	20a. METHOD OF DISPOSITION XX Burial 2 Cremation 3 Remo 4 Donation 5 Other (Specify)		20b. PLACE OF DISPONDING OTHER PHACE) Lexington	Town	n Cer	netery	N LTV	Lex		on, M	assachusett
	>			Do 23	onald 32 Ca	i M. Stei arroll St	in H	ebrew NW Was	Memor hing	rial ton,	Funeral Hm. D.C. 20012
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Oue TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST OUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL CER	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 1 VES 2 XXVIII.						WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO				
YSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			R: rsing Hom	ACE OF OEATH (Che	8 🗆 Oth	er (Specify)			
B≺	27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME INJURY (Month, Day, Year) 28b. TIME INJURY 28c. DATE OF INJURY 28c. DATE OF INJURY 28c. DATE OF INJURY 28c. DATE OF INJURY 28c. DATE OF INJURY 28c. DATE OF INJURY 28c. DATE OF INJURY 28c. DATE OF INJURY 28c. DATE OF INJURY 28c. DATE OF INJURY 28c. DATE OF INJURY 28c. DATE OF INJURY 28c. DATE OF INJURY 28c. DATE OF INJURY 28c. DATE OF INJURY 28c. DATE OF INJURY 28c. DATE OF INJURY 28c. DATE OF INJURY 28c. DATE OF INJURY 28c. DATE OF INJURY 28c. DATE OF INJURY 28c. DATE OF INJURY 28c. DATE OF INJURY 28c. DATE OF INJURY 28c. DATE OF INJURY 28c. DATE OF INJURY 28c. DATE OF INJURY 28c. DATE OF INJURY 28c. DATE OF INJURY 28c. DATE OF INJURY 28c. DATE OF INJURY 28c. DATE OF INJURY 28c. DATE OF INJURY 28c. DATE OF INJURY 28c. DATE OF INJURY 28c. DATE OF INJURY 28c. DATE OF INJURY 28c. DATE OF INJURY 28c. DATE OF INJURY 28c. DATE OF INJURY 28c. DATE OF INJURY 28c. DATE OF INJURY 28c. DATE OF INJURY 28c. DATE OF INJURY 28c. DATE OF INJURY 28c. DATE OF INJURY 28c. DATE OF INJURY 28c. DATE OF INJURY 28c. DATE OF INJURY 28c. DATE OF INJURY 28c. DATE OF INJURY 28c. DATE OF INJURY 28c. DATE OF INJURY 28c. DATE OF INJURY 28c. DATE OF IN				M 1 YES 2 NO reel, factory, office 25f. LOCATION (Street			CATION (Street	et and Number or Rural Route Number,		
COMPLETED	29a. CERTIFIER (Check only	4 Homicide detarmined CRYTIFUNG PHYSICIAN: To the best of my knowledge death occurred at the time data and place and due to the cause(a) and manner as stated									
BE	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(a) and 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (MG										
ОТ	30. NAME AND ADDRESS OF PERSON WH		82180		Com			R	3	To	ms do nd.
	DCT 1 0 1000	10. K.A	70. 4.40								



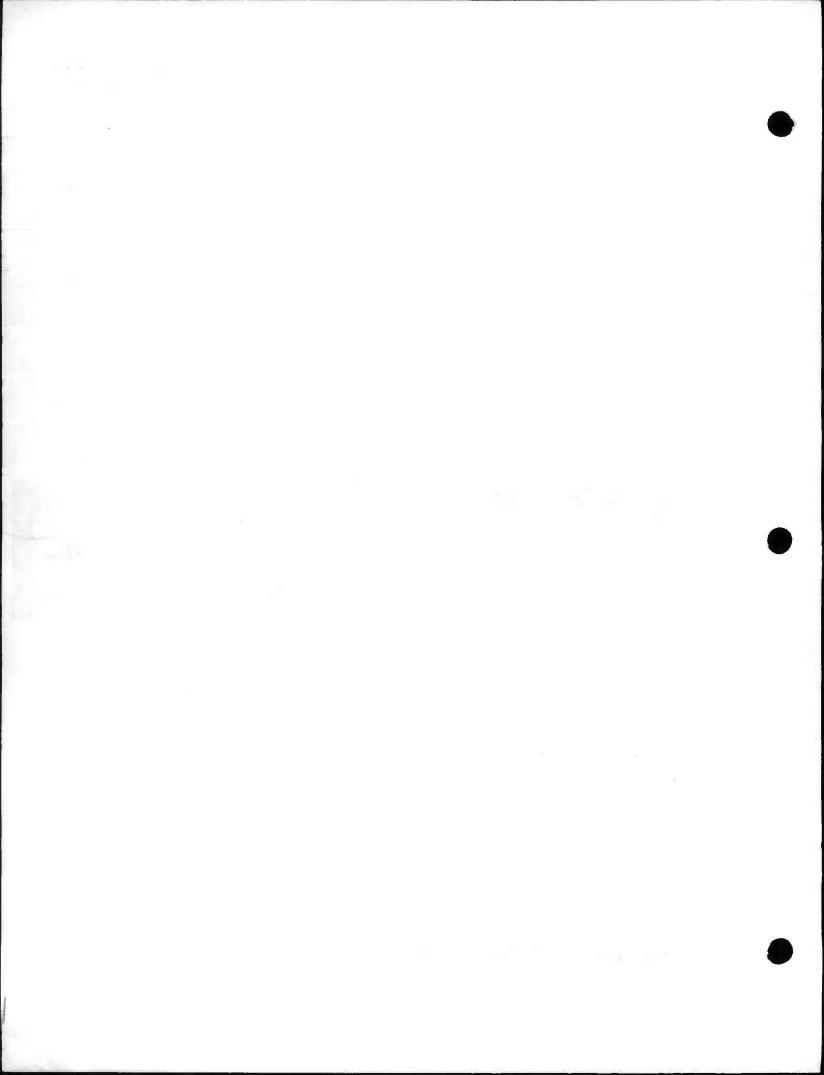
mity filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

FOR 1 STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

28589 90

	REGISTRAR		C	ERTIFI	CAIE	OF DEAT	H	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)							DATE OF DEATH		3.	TIME OF OEATH_	
	DOROTHY HELEN WENSKI DOROTHY HELEN WENSKI									90	20 ° 6 M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. lest t		lest birthdev)	IF UNDER 1 YE	AR IF UNDER 2	A HBS 7	OATE OF BIRTH	8 BIRTHPI ACE (State or E			
	220-09-2180-C1	1 M 2 TKF	38				MIN. S	ept.7,19	52		LAND	
- 1		9a. FACILITY NAME (If not institution, give street and number)			Oh CITY TO	WN OR LOCATIO				TY OF DEAT		
œ							TO DEATH		ye. COUN	ILT OF DEAT	"	
ē	UNION MEMORIAL	HOSPITAL			BALTI	MORE			-			
S	10a. STATE 10b. COUNTY	7		10c, CITY	, TOWN OR L	OCATION		-		10-	d. INSIDE CITY	
DIRECTOR	MARYLAND			BA						LIMITS?		
-	10e, STREET AND NUMBER					10f. ZIP CODE			10g. CITIZ		T COUNTRY?	
RA	3935 CHESTERFIEI		21213			U.S.						
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S	ARMED	13. WAS DECENDENT OF HISPANIC O			ORIGIN? (Specify Vec			American Indian,	
	1 X Never Married 2 Merried	FORCES? 1	YES 2	XNO	If yes, specify Cuben, Maxican, Puerto Rican, atc.) 1 YES 2X NO Specify:				Black, White, atc.			
BY	3 Widowed 4 Divorced	IF YES, GIVE W	AN UN DATES		'	IES XV VAO	эреспу:			Specify	HITE	
G	15. OECEDENT'S EOU				USUAL OCCU			16b. KIND OF BUS	INESS/IND	USTRY		
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 s		(Give kind of w We. Do NOT us	rork done durin e retired.)	g most of working	7					
P	NA	NA		N	IONE			NO	NE			
MO	17. FATHER'S NAME (First, Middle, Last)	-				18. MOTH	ER'S NAME	(First, Middle, Malden	Sumame)			
	LEO VINCENT WEN	NSKI						. BENNET				
BE	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (St			Number, City or Town		Code)		
2	IDA E. WENSKI (M	(OTHER)						BALTIMO			213	
	20e. METHOD OF DISPOSITION		20b. Pt A/	E OF DISPOS	ITION (Name o	of cemetery, cremi				City or Town,		
3	1X Buriel 2 Cremation 3 Remo	oval from State	other B A	Plece)	RE CEM	ETERY	,			MORE,		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE						S OF FACIL I				ш.	
	1111	0 11	<i>'</i> .		S	CHIMUNE	K FUN	ERAL HOM	ES, I	NC.		
	Sohn to	Coll	م					ANE, BAL			. 21213	
	23. PART . Enter the diseases, pr	complications the	t caused tha	death. Do n	ot enter the	moda of dyle	ng, such a	s cardiac or respi	ratory arr	eat,	Approximata	
	shock, or heart failure. IMMEDIATE CAUSE (Finel	LIST DUIN DUE CAN	e du aach ii	riā.							Interval Batween Onset and Death	
		Man	110	Carl	as a L	cabina	0	2000 1			761	
	realiting in death) a. Messive Gentrointeshow Bleed 74 hours											
_	_	6020	12-514		26.		- 1_					
CERTIFICATION	Sequentially list conditions,											
AT	cause. Enter UNDERLYING											
FK	CAUSE (Disease or Injury that initiated events Due TO (OR AS A CONSEQUENCE OF):											
H	resulting in daeth) LAST											
	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS											
EDICAL								PERFOR		AV	ERE AUTOPSY FINDINGS WILABLE PRIOR TO	
DE	_ severe		. I ber	ر سیز		C2.2	126	1 🗌 YES 2	X NO		OMPLETION OF CAUSE F DEATH?	
ME	criber	12.								1	YES 2 NO	
Ë	o Muzssive	2	suite	7								
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			7		6. PLACE OF DE	EATH (Check	only one)				
PHYSICIAN:	1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER:	Home 5 🗆 Re	sidence 8	Other (Specify)				
Ť	27. MANNER OF DEATH	28e. DATE OF (Month, E	INJURY	28b. TIM	E OF 28	: INJURY AT WORK?	28	d. DESCRIBE HOW I	NJURY OC	CURED		
	1 Netural 5 Pending Investigation	(moran, L	wy, roury	100		YES 2	NO					
) BY	2 Accident Investigation 3 Suicide 8 Could not be		F INJURY — At	home, ferm,	street, factory,	office	26	of LOCATION (Street		or Rural Rou	te Number,	
三	4 Homicide determined	bullaing,	etc. (Specify)					City or Town, State)				
COMPLETED	29e. CERTIFIER											
MP	CERTIFYING PHYSICIAN: To like best of my knowledge, death occurred at the lime, date and place, and due to the cause(s) and manner as stated. Check only 0 CERTIFYING PHYSICIAN: To like best of my knowledge, death occurred at the lime, date and place, and due to the cause(s) and manner as stated.											
0	2 MEDICAL EXAMINED: On the desire of examination endor investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and menner se stated.											
ರ		29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NUMBER			29d. DATE SIGNED (Month, Day, Year)		
	29b. SIGNATURE AND TITLE OF CERTIFIE	R	7 1		D39736 10-18-199							
BE	296. SIGNATURE AND TITLE OF CERTIFIE	7	7_Δ			ν 9	11.	<i></i>	/	0-1	8-1880	
	29b. SIGNATURE AND TITLE OF CERTIFIES 30. NAME AND ADDRESS OF PERSON WITH	HO COMPLETED CAU	7_D SE OF DEATH (I	TEM 27) (Type	, Print)	1 D 3		TO 17	1 2	17-14	8-1990	
BE	30. NAME AND ADDRESS OF PERSON WHAT ABDALCAH K	HO COMPLETED CAU	7.D SE OF DEATH (I	TEM 27) (Type	Print)	Pewr.	BAU	.To, 17.	3 2	1218	8-1880	
BE	30. NAME AND ADDRESS OF PERSON WITH ABDALCAH K 31. DATE FILED (Month, Day, Year)	HO COMPLETED CAU	AR'S SIGNATUR	E	Print)	Pewr.	BAI	.70, 17.	3 2	1218	8-1880	
BE	30. NAME AND ADDRESS OF PERSON WITH ABDALCAH K 31. DATE FILED (Month, Day, Year)	FOURT	AR'S SIGNATUR	E	Printy WiV- P	Pewr.	BAI	2.70, 17.	3 2	1218	8-1880	



and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ours after death. Page 6 may be retained by the hospital or attending physician.

natic event, the medical examiner must be notified at once.

burial, cremation, or removal.

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

BOX 13146, DIVISION OF VITAL RECORDS, P.O. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the or TO THE FUNERAL DIRECTION. After this certificate has been signed by the be filed within 72 hours after death with the State Dept. of Health and MemilimPORTANT: If I lam 28 is marked, or Ifom 23 shows any Injury.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

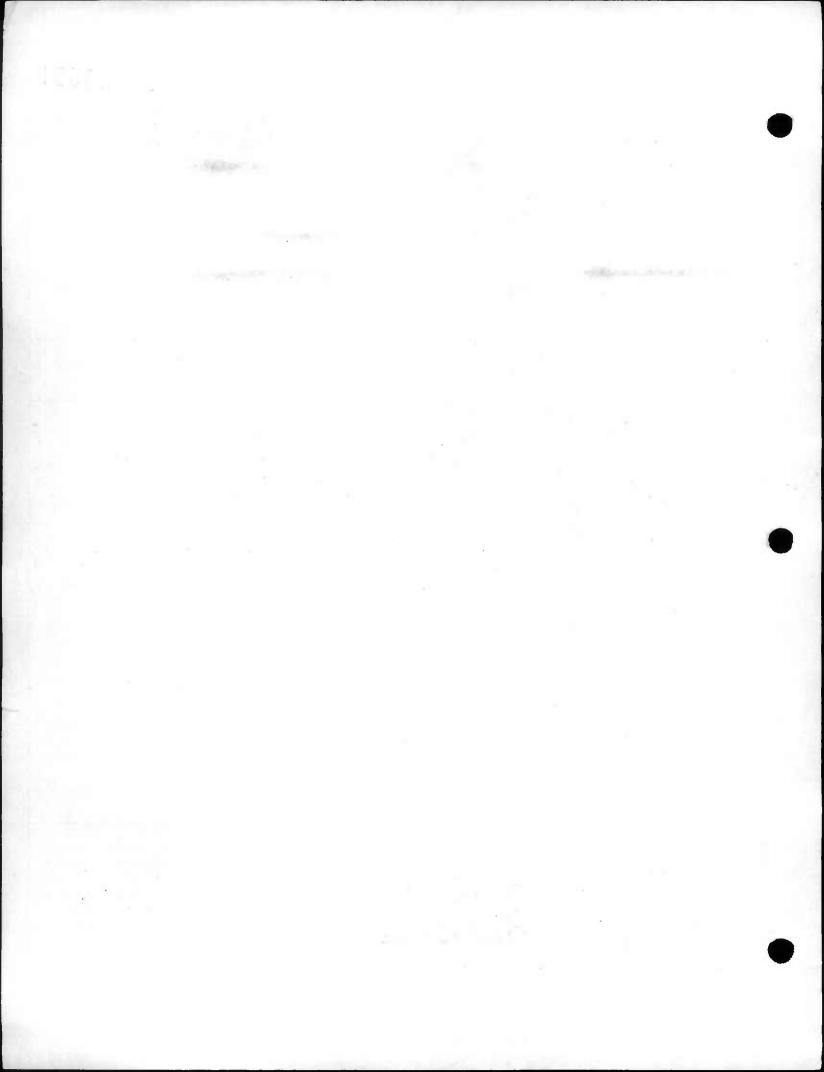
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ITEMS:23 thru 28f per ME G-669 11-5-90 cm

DECEDENT'S MANUE (Pris. Mach. Labor) William Gary Zinck , Sr. 1 South SECURITY MANUERS 1. Sec 1	FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF HEALTH AN	D MENTA	L HYGIENE REG. NO.	90	28590	
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Laura Zinck 1252 Brewster Street, Arbutus, Maryland 21227	FATHER'S NAME (First, Middle, Last)	k, Sr.	Taborer	16. MOTHER		Middle, Malden S			
Duries 0 Other (Speech) Other (S	i. Informant's name (Typo/Print) Laura Zinck		1252 B	DDRESS (Street and Number or A Brewster Street	oute Acide Num	outus,	Maryla	and 21227	
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NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	one) XXX MEDICAL EXAM	On the basis of exemination		In my opinion, death occured a	t the time, da		dua to the c	suse(a) and manner as state IGNED (Month, Day, Year)	
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pinous	_	9a. FACILITY NAME (if not institu	tion, give street and number)		9b. C	TY, TOWN	OR LOCATION OF	DEATH	9c. C0	OUNTY OF DEATH
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BALTIMC after death. Page by the funeral dire moval.		21. SIGNATURE OF FUNERIAL SI	PANCE CCENSES						L Home,	
DIVISION OF VITAL RECORDS, P.O. BOX 13146, HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zerona after FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by in within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove TIANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical	COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentially list conditions of the conditions of the cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO MEXAMINED	EDICAL HOSPITAL: HOSPITAL: Inpetient 2 28a. DATE OF (Month, D) 28b. 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TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	TO BE CO	29b. SIGNATURE AND TITLE OF	estant	SE OF DEATH (ITE	M 27) (Type, Print)	4	250 LICENSE I	NUMBER 1385	29d, 0	ATE SIGNED (MONTH, Day, Year)
•		31. DATE FILED (Month, Day, Year	0 1990 Julia	Paylason	Randall		301	1001	Kd-/	olyson md



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 23 mous after death. Page 6 may be retained by the high	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact		supportant: It has 28 is marked or them 23 shows any injury or other traumatic event, the medical examiner must be notified at once
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	1 - STATE REGISTRAR	STATE OF MARYL	ND / DEPARTM CERTIFIC			MENTAL HYGIENI REG. NO.	E		
,	1. DECEDENT'S NAME (First, Middle, Last) Humphrey Willia	m CASH, Jr				2. DATE OF SEATH	'90 '	FAR	TIME OF DEATH 10:00PM M
		SEX 6. AGE (1	MO	UNDER 1 YEAR NTHE DAYS	IF UNDER 24 HRS. HOURS 40	7. DATE OF BIRTH (Month, Day, Year) 10-16-9(100	BIRTHPLA Country)	ICE (State or Foreign
	9a. FACILITY NAME (If not institution, give street Franklin Square			Balt:	R LOCATION OF DE	ATH	9c. COUNTY Balt	of DEAT	
	10e. STATE MD 10b. COUNTY BALT:	imore		DWN OR LOCAT	ION				1. INSIDE CITY LIMITS? YES 2 X NO
	100. STREET AND NUMBER 1604-G DOOLI	ttle Road		101	21221		10g. CITIZE		T COUNTRY?
		. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO		cify Cuben, Mexice	IIC ORIGIN? (Specify Yee n, Puerto Rican, etc.)	or No — 14	Specify:	American Indian, hite. atc. White
		pleted) ollege (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	done during mo etired.)	NN st of working	18b. KIND OF BUS	I INESS/INDUS	STRY	
	17. FATHER'S NAME (First, Middle, Last)	Infant	Infan	t		Infant ME (First, Middle, Maiden			
7	Humphrey William Co				nd Number or Rural I	Cay Saville	n, State, Zip C		2.1
	Humphrey W. Cash, S 20e. METHOD OF DISPOSITION 1 Serial 2 Cremetion 3 Removel 4 Donetton 5 Other (Specify)	from State	PLACE OF DISPOSITI	ON (Name of cer	netery, cremetory or	Baltimore 20c, LOI 0-20-90 B	CATION — CI	ty or Town,	State
	21. SIGNATURE OF FUNERAL SERVICE LICENS		er.	22 NAME AT	RUCK FUN	eral Home	of Du	ndall	z, Inc.
	23. PART i. Enter the diseases, or com shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	only ona causa on a			de of dying, suc	h aa cerdlac or reapi	ratory street	st,	Approximate Interval Batween Onset and Daath
	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Hyaline Due to (or as a	Tension P consequence of: Membrane consequence of: le Introd	Disea:	se (seve				
	PART II. Other significant conditions of Precipitous Care, Severe	ontributing to death b Delivery, M	ut not resulting in laternal F	the underlyin	g cause given in	Part i. 24s. WAS AN	MED?	AN CC OI	ERE AUTOPSY FINDINGS AILABLE PRIOR TO IMPLETION OF CAUSE F DEATH? YES 2 NO
		OSPITAL:		THER:	ACE OF DEATH (Ch	a Cother (Specify)			
-	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c. IN.	URY AT DRK? YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCL	JRED	
11.00	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe-	— At home, farm, stre	et, factory, offic	•	2af. LOCATION (Street of City or Town, Stete)	and Number o	r Rural Rou	te Number,
COMPLETE	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: C								nd menner ee stated.
ט טר	29b. SIGNATURE AND TITLE OF CERTIFIER	Saled	Pr		29c. LICENSE NU	MBER	29d. OATE	SIGNEO (M	lonth, Day, Year)
		000 Frankli	in SquareI		Baltimor	e, Md 21	237		
	31. DATE FILED (Moritin, Que Year) 1000	32. BEGISTRAR'S SIGN							

and the second

BALTIMORE, MARYLAND 21203 31

BALTIMORE, MARYLAND 21203	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-wours after death. Page 6 may be retained by the hospital or attended	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use the fine within 72 hours after death with the State Deot, of Health and Mental Hydiene prior to burial, cremation, or removal.	
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ARYL	ained by	should be	liffed at
E, M	ay be rei	page 5	be no
MOR	д д эде	director,	er mus
ALTI	death. F	e funeral	examin
ш	ours after	I in by th	nedical
U	hin 25	rtely filled mation, o	it, the n
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	executed wit	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the its entending physician and completely filled in by the its first writin 72 hours after reath with the State Deut, of Health and Mental Hyoliene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
BOX	ficate be	physician ne prior to	er traun
P.O.	eath certi	tal Hygie	, or oth
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ECOF	equires th	en signed of Health	hows ar
AL R	The law n	e has be	т 23 s
F VIT	SICIAN:	certificat	1, or ite
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VISIO	ATTEND	ECTOR: /	n 28 is
	PITAL DR	RAL DIF	T. If Iter
	THE HOS	THE FUNE	ORTAN
	101	2	M

	FOR	STATE OF M	ARYLAND /	DEPAR	ITMENT	OF H	EALTH	AND I	MENTAL HYGIEN	IE	90	2859	3
	1 - STATE REGISTRAR		CE	RTIF	ICATE	OF	DEAT	H	REG. NO).			
į	1. DECEDENT'S NAME (First, Middle, Last)	илраг	D_EUGENE	= CA1	OMTCL	IX F I			2. DATE OF DEATH	AY 1.0	YEAR	3. TIME OF DEATH	,
	A. SOCIAL SECURITY NUMBER	5. SEX			IF UNDER	-	-	24 1400	October 1	6, 19		2:40	$\overline{}$
		5. SEX 1 X M 2 □ F	6. AGE (In yrs. last	YRS.	MONTHS	DAYS	IF UNDER	MIN.	(Month, Day, Year) 7-29-191	0	Couptry	TACE (State or Foreign	'
	276-10-2156		72	THO.									_
~	9a. FACILITY NAME (If not institution, give st				9b. CITY	, TOWN O	R LOCATIO	SSVI			TY OF DE		- 1
0	FRANKLIN SQUARE H	USPITAL					KUS	30VI	LLC	Ba	ltim	<u>ore</u>	_
Di I	10e. STATE 10b, COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION	-				10d. INSIDE CITY	\neg
DIRECTOR	MARYLAND B	BALTIMORE					DUNT	DALK				LIMITS?	
	10e. STREET AND NUMBER					101.	ZIP CODE	E		10g. CITI		HAT COUNTRY?	$\neg \neg$
FUNERAL	8247 KAVANAGH ROA	D						212:	22		U.S	.A.	
3	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARI	MED					HC ORIGIN? (Specify Ye	e or No-	14. RACE	- American Indian, White, etc.	\neg
	1 Never Merried 2 Merried	FORCES? 1 IF YES, GIVE W	X YES 2 N	Ю			elfy Cube 2 ⊠XIO		n, Puerto Rican, etc.) /:		Specify	V:	
ВУ	3 Wildowed 4 Divorced	wo	UII				///					WHIT	E
	15. DECEDENT'S EDUC (Specify only highest grade		(Gi	ive kind of	Work done	CCUPATIO during mo:	N st of workin	ng	18b, KIND OF BL	ISINESS/IND	USTRY		- 1
Ш	Elementery/Secondery (0-12)	College (1-4 or 5+) life.		se retired.)							1710210	
COMPLETED	11TH GRADE	N/A		У	ARD	MAST			APSCO BAC		EK KA	AT LKOAU	
	17. FATHER'S NAME (First, Middle, Last)		101170111			:	18. MOT/	HER'S NA	ME (First, Middle, Malder				- 1
BE	19e. INFORMANT'S NAME (Type/Print)		CARMICHA		ADDRES	P /Person of a	and Alexandres	as Durant	EDNA Route Number, City or To		NNTNO	STON	
2												01/1 41/0 01	000
	SANDRA 1 NFI SON		20b. PLACE						COAD BALT	IMUKE DCATION —			777
	1 VBuriel 2 Cremation 3 Remo	oval from State	other pla	ace)									,
	21. SIGNATURE OF ELIBERAL BERVICE LIC	ENSEE/	HOLLY	HIL	22.	NAME AN	D ADDRE	SS OF FA					
	1/1/ /h	142							IERAL HOME				
	han!	100	4						IUE DUNDA				
	23. PART i. Enter the diseese, or c shock, or heert fellure.				not ente	the mo	de of dy	ing, euc	h ee cerdiac or ree	piretory en	reet,	Approximate Interval Betw	тееп
	IMMEDIATE CAUSE (Finel disease or condition											Onset and De	eeth
	resulting in death)	. Malign	ant Lym	phom	a								
_ 1		. Hypero			<i>/-</i> /.							j	
0	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEC	OUENCE (DF):							1	
ΑŢ	cause. Enter UNDERLYING	Renal	Failure										
ERTIFICATION	CAUSE (Diseese or injury thet initiated events		(OR AS A CONSEC		OF):								
토	resulting in deeth) LAST	d											
O	PART II. Other significent condition	s contributing to	death but not r	resuiting	in the u	nderlyin	C CAUSA	given in	Part i. 24s, WAS A	N AUTTOPSY	24b	, WERE AUTOPSY FINDS	INGS
S							3		PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUS	
MEDICAL									1 □ YES	2 X XNO		OF DEATH?	
Σ									_			1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL					26. PI	ACE OF D	DEATH (C)	neck only one)				
딣	EXAMINER? 1 YES 2 XXNO	HOSPITAL:	FR/Outpatient 3	L DOA	OTHE	R:			8 Other (Specify)				\neg
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF	INJURY	28b, TI	ME OF	28c. IN.	URY AT		28d. DESCRIBE HOW	INJURY OC	CURED		\neg
	1 Netural 5 Pending Investigation	(Month, E	Pay, Year)	I IN	IJURY M		ORK? YES 2[□ NO					
ЭВУ	2 Accident Investigation 3 Suicide 8 Could not be		F INJURY — At he atc. (Specify)	ome, farm,	atreet, fac	tory, offic			28f. LOCATION (Stree City or Town, Stat	t and Numbe	r or Rural F	loute Number,	
TED	4 Homicide determined	Johnny	and (capoony)						ony or rown, one		_		
PE	29e. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the best o	my knowledge, de	eath occur	rred at the	time, date	end place	e, end du	e to the ceuse(e) end m	anner ee ste	nted.		
COMPLET	one) 2 MEDICAL EXAMINE	R: On the beele of e	xamination end/or	Investigat	lon, in my	opinion, e	feath occu	red at the	time, date end place,	end due to t	he ceuse(e) end manner ee state	ad.
Ы	29b. SIGNATURE AND TITLE OF CERTIFIE	R /					29c. LIC	ENSE NU	MBER	29d. DA	TE SIGNED	(Month, Day, Year)	
00	16 5-1	form '	- Mi					N/A		▶ 1	0-16	- 90	
입	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAL	SE OF DEATH (ITE	M 27) (Tve	e, Print)								

9000 Franklin Square Dr., Balto., 21237

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D

1990

Van Lomis, M.

86610 --

120106

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24. Ans after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pe be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR	S	TATE OF MARYL					EALTH AND N	MENTA	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last Christopher		an	C	OFIEL	D			2. DATE	E OF DEATH	3 19		12:20 a _M
4. SOCIAL SECURITY NUMBER			in yrs. last		IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH th, Day, Year)	8.	. BIRTHPL.	ACE (State or Foreign
Infant		XVX² □ F	C) YRS.	0	0	0 2	_10	-13-90		MD	
9a. FACILITY NAME (If not institution, give							R LOCATION OF DE			Balti		County
Franklin Squar		ospital Ce	nter		Ba.	LTIII	ore / RO)SSV	ILLE		11101 C	- Country
10a. STATE 10b. COU		more		10c. CITY,	TOWN O	LOCAT	ION					d. INSIDE CITY LIMITS?
	11 L1					ESS						YES XX NO
100. STREET AND NUMBER 1451 Hadwick I	Driv	<i>r</i> e				101.	21221			USA	N OF WHA	T COUNTRY?
11, MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced		WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DO	2 3 N		H	yes, spe	ENDENT OF HISPAN Helfy Cuban, Maxican 2 NO Specify	n, Puarto		or No— 14	Black, V Specify:	American Indian, Thite, atc.
15. DECEDENT'S E (Specify only highest gn Elementary/Secondary (0-12)	ade comp		(Gh	CEDENT'S U ve kind of w Do NOT use	ork done di	CUPATIO uring mos	N st of working	18	b. KIND OF BUSI	NESS/INDUS	STRY	
Infant.		nfant.		Inf	ant.				Infant			
17. FATHER'S NAME (First, Middle, Last)							16. MOTHER'S NA	_		iurnama)		
Alphonza Dean	Cof	ield					Janet	Rin	na Tink	ler		
19a. INFORMANT'S NAME (Type/Print)			19b				nd Number or Rural F					
ALPHONZA DEAN (COF1		DI 105 (DRIVE	BA		MAR ATION — CH		
1 Donation 5 Other (Specify)	emoval	from State	other pla	ce)			netery, crematory or	0.0				
21. SIGNATURE OF FUNERAL BERVICE	-	TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE RESERVE TO THE	LIA	WN C	22. N	IAME AN	10-19-9	CILITY	LBAL	LIMUR	E, M	AKYLAND
N 16 / 2	/-	4					RUCK FUN					,
23. PART I. Enter the diseases,	or com	plications that canan	f the de	eth Do n	70	922	WISE AVE	NUE	DUNDAI	K, MD		21222 Approximata
shock, or heart fallu	re. List	only one cause on e	ach line.	. Do II	ot enter	LINE INC	de of dying, such	() as Çe	idiac bi teapit	atory error	pt,	Interval Between Onset and Death
disease or condition resulting in death)	a	Se Vere DUE TO (OR AS A DUE TO (OR AS A	CONSE	prem	ate	ni	ty Sev	ere	Premat	urity		Onset and Death
	_	Chad: n	CONSEG	calad	,. M	01.	Car	dio	-Respir	atory		
Sequentially list conditiona, if any, leading to immediate	b	DUE TO (OR AS A	CONSEC	HUENCE OF	1	ZVVL	A	RRE:	ST			
cause. Enter UNDERLYING CAUSE (Disease or Injury	c											
that initiated eventa		DUE TO (OR AS A	CONSEC	WENCE OF):							
resulting in desth) LAST	_ d											
PART II. Other significant condit	lons co	ontributing to desth b	out not n	esulting in	n the un	derlying	csuse given in	Part I.	24a. WAS AN / PERFORI		A	ERE AUTOPSY FINDINGS /AILABLE PRIOR TO
								_	1 TES X	NO NO		OMPLETION DF CAUSE F DEATH?
											1	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL	_					28 Di	ACE OF DEATH (C)	ant ante	200)		1	
EXAMINER? 1 YES XX NO	Н	OSPITAL:	nation 2	_ DO4	OTHER	l:	ACE OF DEATH (Chi					
27. MANNER OF DEATH	1.0	28a. DATE OF INJURY	Patretti 3	28b, TIME	OF	28c. INJ	URY AT		EŞCRIBE HOW IN	JURY OCCU	IRED	
Natural 5 Pending	000	(Month, Day, Year)		INJ	JRY M	_	RK? YES 2 NO					
2 Accident B Could not		28e. PLACE OF INJURY building, atc. (Spe	/ — At hor	me, farm, s	tree1, facto	ory, offic	•		CATION (Street a	nd Number o	r Rurai Rou	te Number,
4 Homicide determined		bulleting, atc. (Oper	Ciryy					On Con	y or rown, State)			
(Crieck orny		: To the beat of my known										nd manner as stated.
29b. SIGNATURE AND TITLE OF CERTI							29c. LICENSE NUI		1			Ionth, Day, Year)
Sharil	-	MD.					N:/A				/13/9	
30. NAME AND ADDRESS OF PERSON	WHO CO	OMPLETED CAUSE OF DE	EATH (ITER	W 27) (Type,	Print)		/٨		- 1	10/	13/3	,0
monther		Sharif		90	00 F	rank	clin Squa	are	Drive	Balti	more	21237
31. DATE FILED (Month, Day, Year)	TOF	2 0 1990	ALA C	Devid	100 m	Bode	32.					
1-112170	9111	~ 1000	1									

Alphonza Dean Cofield

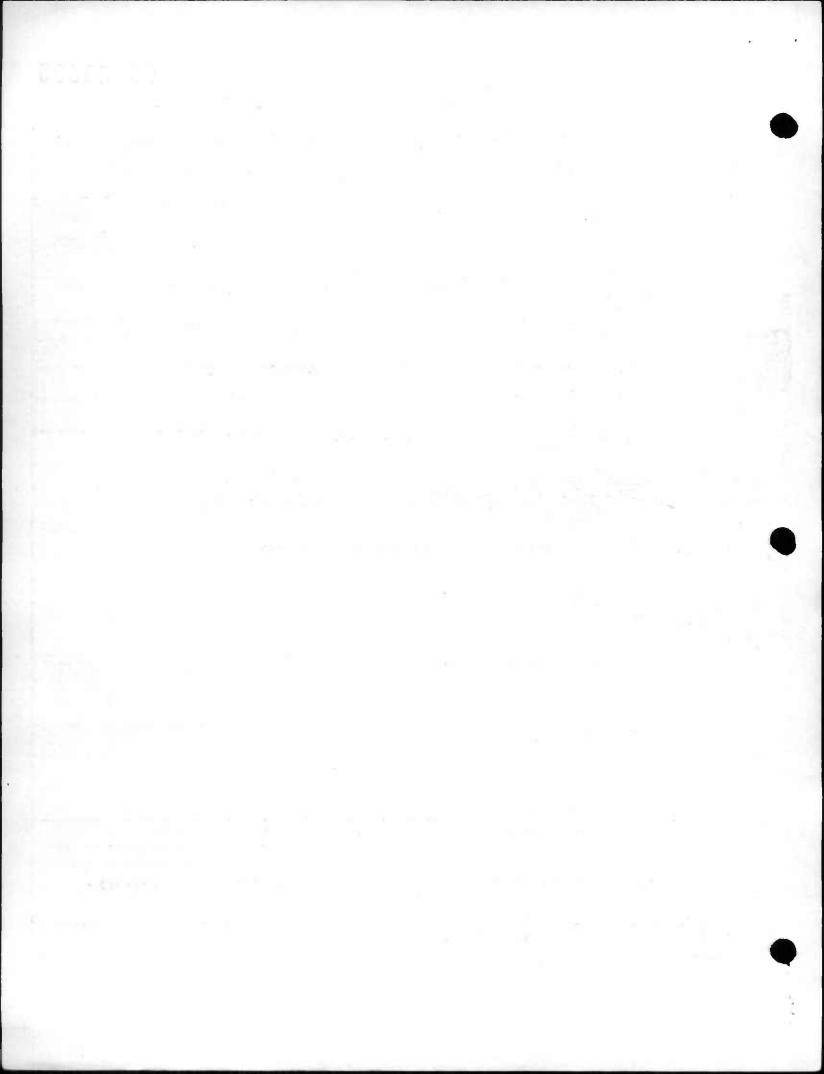
Jan

BALTIMORE, MARY

	S	9	e
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nours after death. Pa	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of the filled within 72 hours after death with the State Dept. or Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examine
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	JR /	JRE STA	E
1	AL C	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 he filed within 72 hours after death with the State Dect. of Health and Mental Hydiene prior to burial, cremation, or removal.	=
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	뿔	里面	P
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

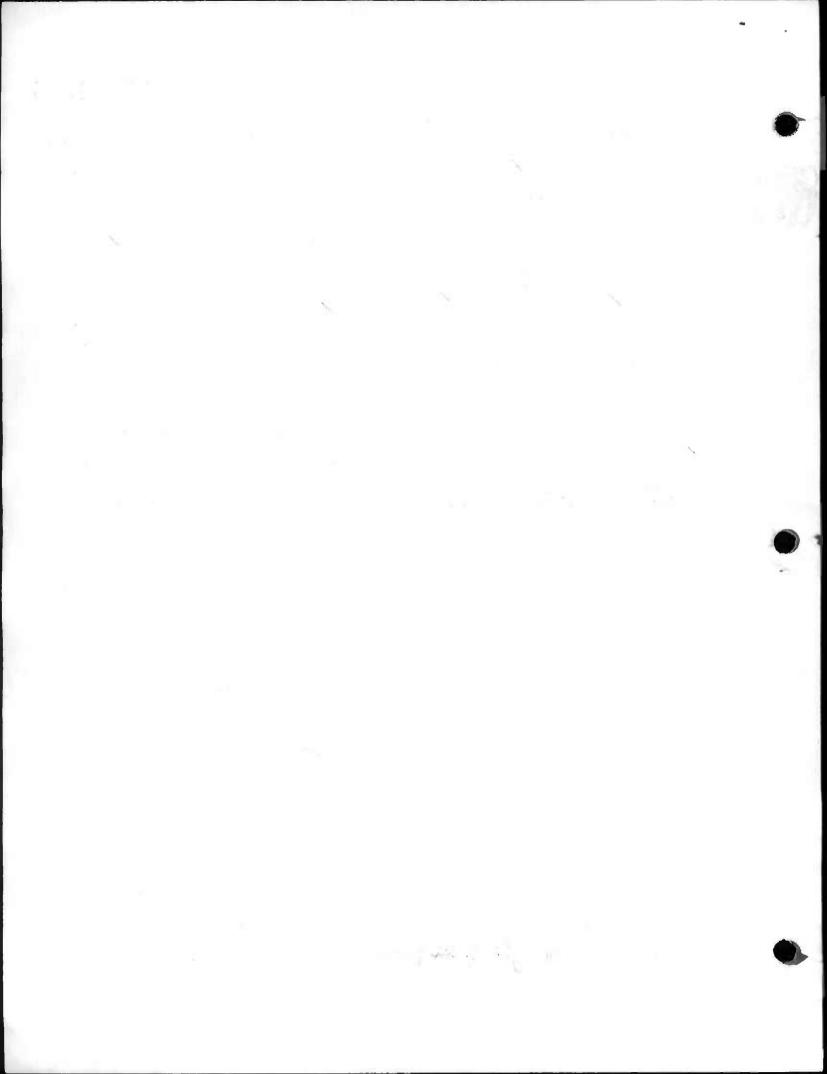
	1. DECEDENT'S NAME (First	Middle, Last)								2. DATE (OF OEATH	MY	YEAR	3. TIME OF DEATH
			Dahlen,	Jr.							ober			1:40 p. M
	4. SOCIAL SECURITY NUME	ER	PERSONAL PROPERTY.	. AGE (In yrs. lest		IF UNDER	1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE C	Day, Year)		8. BIRTH Countr	IPLACE (State or Foreign
	217-05-8480		1 XM 2 - F	75	YRS.					Augus	st 1,	1915		yland
H	9a. FACILITY NAME (II not in Sinai Hosp	E-tra	treet and number)					ore ore				9c. COU	NTY OF O	EATH
5	RESIDENCE OF DEC	EDENT												
DIRECTOR	10a, STATE	10b. COUNTY			10c. CITY,									10d, INSIDE CITY LIMITS?
	Maryland 100. STREET AND NUMBER		Baltimore		Re	eist								1 YES 2 NO
FUNERAL		T.7					10	. ZIP CODE				100		WHAT COUNTRY?
NE NE	6 South Lak	e way	12. WAS DECEDENT	EVED IN IT & ADA	IED.	19.1	MC DEC	ENDENT O	211		(Specify Ye			tates
BY FL	1 Never Married 2 🔀		FORCES? 1X IF YES, GIVE WAI W.W. I	XYES 2 □N			f yes, sp	ecify Cuber 2 🔯 NO	ı, Mexica	in, Puerto R	Ican, etc.)	a or No-	Speci	c, White, etc.
	15. OEC	EDENT'S EOU	CATION	16a, DEC	EDENT'S L	JSUAL O	CCUPATIO	ON		16b.	KIND OF BU	ISINESS/INI		Castan
COMPLETED	(Specify online Elementary/Secondary (C	y highest grade I-12)	College (1-4 or 5+)	Ma.	Do NOT use	retired.)		pect		Pe	entag	on Qu	alit	y Inspector
S	17. FATHER'S NAME (First, M	liddle, Last)					_	_		ME (First, M	iddle, Maider	Sumama)		
BEC	Henry O.	Dahle:	n, Sr.							Heti	ti A	llev		
9	19a. INFORMANT'S NAME (19b	MAILING .	ADORESS	(Street s	and Number	or Rural I	Ploute Numb	er, City or Tox	vn, State, Zi	p Code)	
-	Mrs. Sarafi		len							ters	town,	MD 2	1136	
	20a. METHOD OF DISPOSIT	n 3 🗆 Rame	oval from State	20b. PLACE C	isposi Lawn	TION (Na	me of ce	metery, crem	atory or		77.7.	CATION —		
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BALTIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed whetin 2 recurs after death. Page 6 may be retained by the heat	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacts be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1	FOR STATE REGISTRAR	STATE OF MARY			MENT OF H		MENTAL HYGII		90	2859
	1. DECEDENT'S NAME (First, Middle, Last) ROSE GRZELIK						2. DATE OF DEATH MONTH OCTOBER	DAY 16, 19	YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213-05-6573	1 M 2 / F	E (In yrs. lest l	YRS.	UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year, 8 / 1.7 /	23	s. BIRTHPLA Country) Wes	t Va.
TOR	9a. FACILITY NAME (If not institution, give st THE JOHNS RESIDENCE OF DECEDENT	HOPKINS HOS	PITAL			R LOCATION OF DE ORE CITY	ATH		TIMORE	
DIRECTOR	10a. STATE 10b. COUNTY	1			own or Locat	e City				d. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	35 N. Belnord	Ave.			101	21224		777	S.A.	T COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	DED D	If yes, sp		IIC ORIGIN? (Specify n, Puarto Rican, atc.) /:	Yea or No—	Black, W Specify:	American Indian, /hite, atc.
COMPLEIED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) Unk.	CATION completed) College (1-4 or 5+) Unk.	(Give				166. KIND OF	estic	DUSTRY	Cauc.
BE CON	17. FATHER'S NAME (First, Middle, Last) Pete Constant	e				18. MOTHER'S NA Lucy M	ME (First, Middle, Mai larr	ien Surname)		
2	John Grzelik		35	5 N.	Belno	rd Ave.	Route Number, City or Balti	more,	Md.	
	20a METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ram 4 Donation 5 Other (Specify)		St. S	tani	slaus		B	altin		
	21. SIGNATURE OF FUNERAL SERVICE LIC	Celson	lun	l.		D ADDRESS OF FA	281 & Son Bal			ore St. 21224
	23. PART i. Enter the diseased, prehock, prhaart falfure. IMMEDIATE CAUSE (Finel disease prepondition resulting in death)		aach iine.			da of dying, auc	h as cardiac or re	spiratory en	reet,	Approximate interval Between Onset end Death
CENTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. Metalta DUE TO (OR A:			Ymom	. ^				Yeurs
	PART II. Other significant condition	d	but not re	sulting in	the underlyin	g cause given in	Part I. 24a. WAS	AN AUTOPSY FORMED?		ERE AUTOPSY FINDINGS /AILABLE PRIOR TO
PHTSICIAN: MEDICAL	Hypoparathyra	Erythens -d, sh	C150+ 4					2 🗆 NO	01	OMPLETION OF CAUSE F DEATH?
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 WHO	HOSPITAL:	outpatient 3 i		THER:	ACE OF DEATH (Ch	eck only one) 8 Other (Specify)			
BY PHY	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28 a. DATE OF INJUR (Month, Day, Yea	ir)	28b. TIME (M 1		28d. DEŞCRIBE HO			
	3 Suicide 8 Could not be determined	28e. PLACE OF INJU- building, atc. (S	Specify)				281. LOCATION (Str City or Town, S	(ate)		te Number,
COMPLETED	(Check only one) 2 MEDICAL EXAMINI	ICIAN: To the best of my kn								nd manner ee stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE					29c. LICENSE NUI			TE SIGNED (M	190 (Pay, Year)

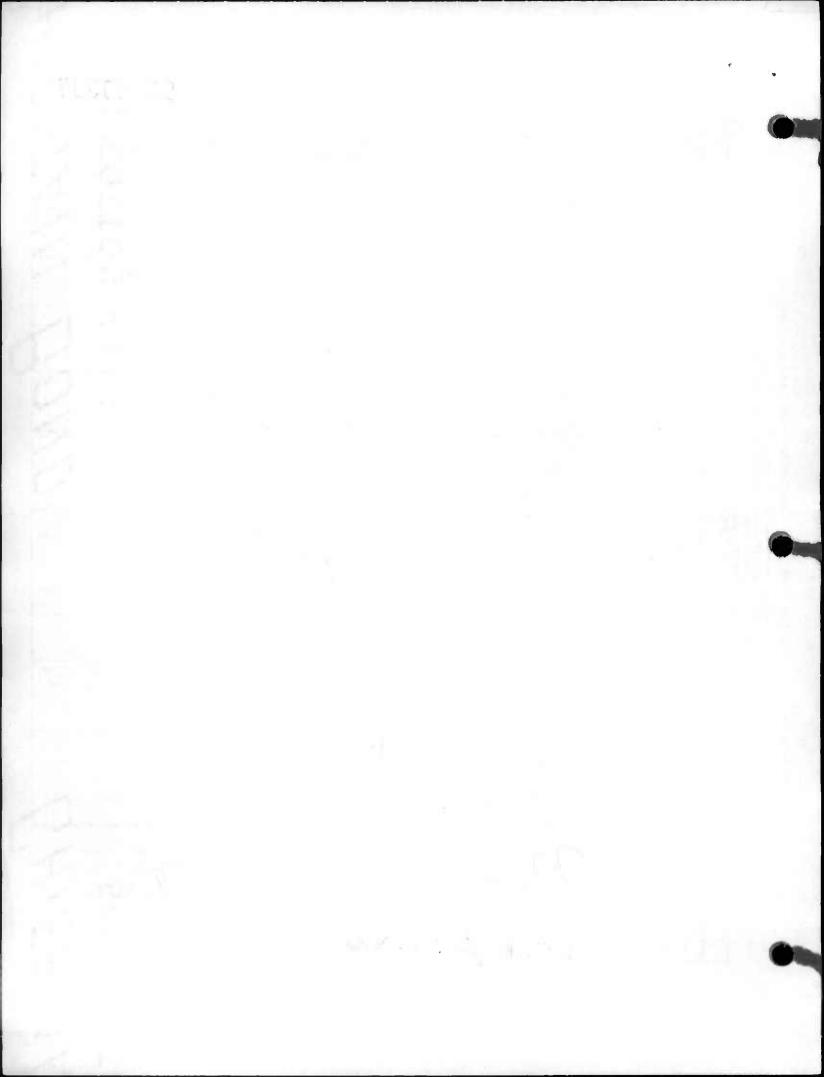
DHMH-16 Rev 1/89



permit, Pages 1, 2, 3 should

TO B	IN: MEDICAL CERTIFICATION
examiner must be notified	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified
e funeral director, page 5 should il.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
death. Page 6 may be retained	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within amount after death. Page 6 may be retained

REGISTRAR			CERTIF	ICATE OF	DEATH		REG. N	0.	0	
1. DECEDENT'S NAME (First, Middle, La		1.				MON	E OF DEATH	DAY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	rine M. Hen		s. lest birthday)		T	10	18	3 9	0	3:55/
217-16-5628	1 M 2 X F		yas.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	(Moi	th, Day, Year)		Coun	
9a. FACILITY NAME (If not institution, gi		0)	THS.	AL OUTL TOWN		1	0 16			ryland
					OR LOCATION OF D	EATH		9c. COU	NTY OF I	
Meridian Nurs:				Kanda	allstown		_		Bal	Ltimore
10a. STATE 10b. COU	INTY		10c. CF	TY, TOWN OR LOCA	TION					10d. INSIDE CITY LIMITS?
Maryland	Baltimore			Wood	lawn					1 YES 2 NO
10e. STREET AND NUMBER	-			10	H. ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?
8107 Win	ndsor Mill	Road			21207	7			U.S	S.A.
11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1				CENDENT OF HISPA			Yee or No-	14. RAC	E — American Indian, ck, White, etc.
1 Never Married 2 Married 3 Vidowed 4 Divorced	IF YES, GIVE W				pecify Cuban, Mexico S 2 🔯 NO Speci		Rican, etc.)		147.00	ow. White
										Vhite
15. DECEDENT'S I (Specify only highest g	rade completed)	164	(Give kind of	Work done during m	ION ost of working	10	b. KIND OF E	BUSINESS/IN	DUSTRY	
Elementary/Secondary (0-12) High School	College (1-4 or 8 +	+)	IIIe. Do NOT	usewife		1				
17. FATHER'S NAME (First, Middle, Last)			110	usewile			1			
	Bush				18. MOTHER'S NA		, middle, maid y Krul			
19a, INFORMANT'S NAME (Type/Print)	Justi		401 44411 111	0 4000000 m	-111 -1					
Mr. Rudolph He	ertsch				and Number or Rural Sor Mill			own, state, 2 Ltimor		D 21207
20a. METHOD OF DISPOSITION	er esen	I and the				Noa				
1 Burial 2 Cremetion 3 F	removal from State	oth	er place)		emetery, crematory or			LOCATION -		
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	LICENSEE //	- 1 25.	Stan	slaus Co	MD ADDRESS OF F	ICII ITV	ועון	ınkda1	K, P	שני
V#-P	1/11/60	" 11		Lori	ng Byers	Fun	eral I	irect	ors.	Inc
Depue	on ge	With				TOTI	CLUL I	TTECL		TILL
ahock, or heert fellu IMMEDIATE CAUSE (Final disease or condition	or complications that ire. List only one cau	t caused thuse on each	line.	8728 not enter the mo	Liberty ode of dying, aud	Roa	d Rar	dalls	town	Approximete interval Between
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	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-mours after death. Page 6 may be retained by the hospital or attending private	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burner has shed within 70 hours after heart with the State Dent of Health and Mental Hydiere prior to burnal, cremation, or removal.	IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			REG. N		28598	3
	1. DECEDENT'S NAME (First, Middle, Last) PHILIP	LEBRU.	N			2. DATE OF DEATH	5 19 ⁸	3. TIME OF DEATH 02:14	A _M
		6. AGE (MOP		UNDER 24 HRS. URS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Fore Country) Md.	olgn
OR B	9e. FACILITY NAME (If not institution, give stree THE JOHNS HOPKIN			CITY, TOWN OR LE		тн	9c. COUNTY BALT	OF DEATH IMORE CITY	
DIRECTOR	10a. STATE 10b. COUNTY			own on Location	o City			10d. INSIDE CITY LIMITS?	an .
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	17. FATHER'S NAME (First, Middle, Last) Alfred LeBrun	C	1 1 2 2 1 1 2 1 2		MOTHER'S NAM	NE (First, Middle, Maide			
O BE	19e. INFORMANT'S NAME (Type/Print)	51.	19b. MAILING AO	ORESS (Street and A	Eliza lumber or Rural Ro	heth oute Number, City or R	wn, State, Zip Coo	de)	-
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CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury c.	(R) Adres	A CONSEDUENCE OF:	10				14	_
ERTI	that initiated events resulting in death) LAST								
AL	PART II. Other significant conditions	contributing to death it	but not resulting in t	he underlying ca	iuse given in F	PERF	IN AUTOPSY ORMED?	24b. WERE AUTOPSY FIN AMAILABLE PRIOR T COMPLETION OF CA	го
PHYSICIAN: MEDIC						1 YES	2 0116	DF DEATH?	iô
AN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE	OF DEATH (Che	ck only one)		,	
1YSIC	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 ER/Out 28e. DATE OF INJURY		THER: Nursing Home 5 1 28c. INJURY		8 Other (Specify) 28d. DESCRIBE HOY	VINJURY OCCUR	RED.	
BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	M 1 YES		Zou. DECombe 1101			
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR' building, etc. (Spe	Y — At home, farm, atre- coffy)	et, factory, office		281. LOCATION (Stre City or Town, Ste		Rural Route Number,	
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSICI (Check only one) 2 MEDICAL EXAMINER:	AN: To the best of my know							ated.
8	29b. SIGNATURE AND TITLE OF CERTIFIER	hu r	10	29	CAGG6	BER	29d. DATE S ▶ (()	IGNEO (Morith, Day, Year)	Ï
٩	30. NAME AND ADDRESS OF PERSON WHO	/ John	ng Hop	Kins H	050 /	Bal	+ md	4205	
	31. DATE FILED (Month, Day, Year)	1000 L	NATURE SALES	and 10	7				
_	4 100	~ 1990 Ju			<u>.</u>			DHMH-16	Rev 1/89

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	E	ate ate	E	
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the lar he filed within 72 hours after death with the State Deut, of Health and Mental Hoplene polor to burlal, cremation, or removal	IMPORTANT: It flem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical ex	

31. DATE FILED (Month, Day, Year)

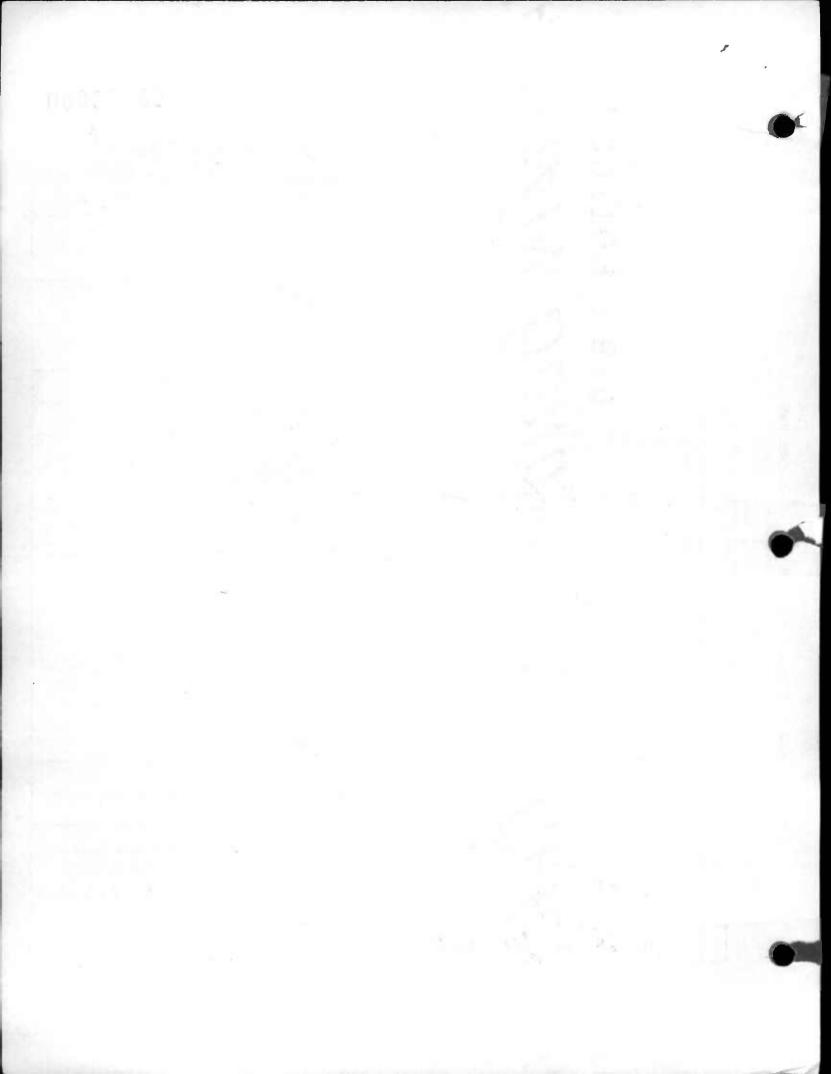
32. REGISTRAR'S SIGNATURE

	FOR 1 STATE	STATE OF MARYL					NTAL HYGIEN	E	90	2859
	REGISTRAR		CERTIF	ICATE O	DEAT	Н	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	JAMES	MORNING	STAR		2.	DATE OF DEATH	v	YEAR 3.	TIME OF DEATH
	James Mo	rning Star				- 1			90	1030 AM
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 2	4 HRS. 7.	DATE OF BIRTH		8. BIRTHPLA	CE (State or Foreign
	214-12-7733	1 XM 2 DF 70	YRS.	MONTHS DAYS	HOURS	MIN. AT	(Month, Day, Year) Oril 1,19	20	Mary1	and
	9a. FACILITY NAME (If not institution, give str	net and number)		9b. CITY, TOWN	OR LOCATIO				TY OF DEAT	
œ	Charlotte Hall Vet							111-00-11-1		
DIRECTOR	RESIDENCE OF DECEDENT	erans Home		Charlo	tte Ha	all		St.	Mary'	s County
ပ္က	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOC	ATION				100	1. INSIDE CITY
<u>E</u>	Maryland Balti	imore		wson						LIMITS?
9	10e. STREET AND NUMBER	riiiore	10							YES 2 X NO
Z				1	of. ZIP CODE					COUNTRY?
9	607 DeBaugh Rd.				21204	4		U.S	.A.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DI	CENDENT OF	HISPANIC C	ORIGIN? (Specify Yes	or No-	14. RACE — Black, W	American Indian,
	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D		1 🗆 YI	S 2 NO	Specify:	uarto Rican, atc.)		Specify:	wee, area.
BĄ	3 Widowed 4 & Divorced	WW II							White	
	15. DECEOENT'S EDUC. (Specify only highest grade of	ATION completed)	18a. DECEDENT'S	USUAL OCCUPAT	TION	Y.	16b. KIND OF BUS	INESS/INDU	ISTRY	
Ē,	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	work done during i se retired.)	nost or working	,				
ᆵ	11		Barten	der			Bar			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTH	ER'S NAME	First, Middle, Malden	Surname)		
	Samuel Morningstan				Mar	rv Gai	rison			
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADORESS (Stree			Number, City or Tow	n State Zin	Code	
임	JoAnn Burton						o., Md.			
	20a. METHOD OF DISPOSITION	20	b. PLACE OF DISPO						ity or Town,	-
	1 XBurial 2 Cremation 3 Remo						/17/90 0			
	21. SIGNATURE OF FUNERAL SERVICE LICE		,		AND ADDRES			wings	FILLI	s, na.
	-7/	1///		Ruck	Tows	on Fur	neral Hom	e, In	ic.	
	Man a	1-11		1050	York	Rd.,	Towson,	Md. 2	1204	
	23. PART I. Enter the diseases, or construction of heart fellure. LIMMEDIATE CAUSE (Final disease or condition resulting in daeth)		each line.			70		ratory srre	at,	Approximata interval Between Onset and Death
			A CONSEQUENCE O	irj:						
징	Sequentisity list conditions,	ASCUD	A CONSEQUENCE O	ъ.						
Ē	if any, leading to immediate cause. Enter UNDERLYING	DOE TO (OR AS	A CONSCOURNCE O	r):						
CERTIFICATION	CAUSE (Disease or Injury	DUE TO (OD 40								
	that initiated evants reaulting in death) LAST	DOE TO (OR AS	A CONSEQUENCE O	r-j:						
H	d									
- 1	PART II. Other aignificant conditions	contributing to death I	but not reauiting	In the underly	ing cause gi	iven in Par	1 J. 24s. WAS AN	AUTOPSY	24b. WE	RE AUTOPSY FINDINGS
8							PERFOR	MED?	AW	MILABLE PRIOR TO MPLETION OF CAUSE
						-	1 TES 2	□ NO		DEATH?
Σ							.		1[YES 2 NO
ÿ										
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. OTHER:	PLACE OF DE	ATH (Check	only one)			
PHYSICIAN: MEDICAL	1 TYES 2 NO	1 Inpetient 2 I ER/Out	patient 3 DOA		ome 5 🗆 Res	sidence 8	Other (Specify)			
두	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIN		NJURY AT VORK?	28	d. DEŞCRIBE HOW I	NJURY OCC	URED	
B	1 Natural 5 Pending 2 Accident Investigation	1000000			YES 2 _	NO				
	3 Suicide 8 Could not be	28a. PLACE OF INJUR building, atc. (Spe	Y — At home, farm,	atreet, factory, of	fica	28	f. LOCATION (Street a City or Town, State)	and Number	or Rural Route	Number,
	4 Homicide datarmined		,,,,,				Oily or lown, State)			
4	29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my know	viados dasth cocum	rad at the time de	de and place	and due to t	the environment and more		4	-
COMPLETED	(Ornon Orny	On the basis of axamination								d manner as stated.
	296. SIGNATURE AND TITLE OF CENTURES		-			NSE NUMBE				onth, Day, Year)
8	Com	MX 1			I and cropp	00	9657	► 10) - 15	-90
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED PAUSE OF DE	EATH (ITEM 27) (Type	e, Print)	1 4		/	10	, , ,	10
	Charles Judge	/ 1			rick,	Md.				
- 1										

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely illied in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hyplene prior to burial, cremation, or removal.
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2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal.

REGISTRAR 1. DECEDENT'S NAME (First, Mide									2. DATE	OF DEATH	DAY	YEAR	3. TIME OF DEATH
Philip Jose			eizl Jr					(Octo	ber 1	6, 19	990	54
4. SOCIAL SECURITY NUMBER	5. SE		6. AGE (In yrs.	lest birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.		OF BIRTH		8. BIRT	THPLACE (State or For
212-01-3604	1 🔯	M 2 F	77	YRS.	MONTHS	Lare	noons			19,	1913	Ma	ryland
9a. FACILITY NAME (If not institut	ion, give street an	nd number)			9b. CIT	Y, TOWN C	OR LOCATIO	ON OF DEA	HT		9c. COL	UNTY OF	DEATH
3824 Courtle:	igh Dri	ve		Randallstown							Baltimore County		
RESIDENCE OF DECED	ENT												
	. COUNTY					OR LOCAT							10d. INSIDE CITY
	Baltimo	re Co.	•	Ran	idall	stow							1 YES 2 K
10a. STREET AND NUMBER						101	. ZIP CODE						WHAT COUNTRY?
3824 Courtle:	igh Dri	ve					21	133			U	JSA	
11. MARITAL STATUS 1 Never Married 2 Mari 3 Widowed 4 Divorced	2 Married FORCES? 1 YES			ARMED NO	13.	If yes, sp		n, Mexican	, Puerto	N? (Specify Yo Rican, etc.)	es or No	Bla	CE — American India lock, White, etc. scily: White
	NT'S EDUCATION		16a.	DECEDENTS					16	b. KIND OF BU	JSINESS/IN	IDUSTRY	
(Specify only high Elementary/Secondary (0-12)	hest grade comple Coll	lege (1-4 or 5 -	+)	(Give kind of life. Do NOT u	work done me retired.)) uunn g m o	et of worldn	y					
Unknown				Manag	ger					A & .	P		
17. FATHER'S NAME (First, Middle,	Last)						18. MOTI	ER'S NAM	E (First,	Middle, Maide	n Surneme)		
Philip J. S	chmeiz1	Sr.					Ge	nevi	eve	Atkin	son		
19a. INFORMANT'S NAME (Type/F				19b. MAILIN	G ADDRES	SS (Street a				nber, City or To		(ip Code)	
Mrs. Lillian	Schmei	z1								lallst			21133
20a. METHOD OF DISPOSITION			20h. Pl A	CE OF DISPO									Town, State
1 Burial 2 Cremation :		rom State	other	place)				151					
		5	Barce	7101						0,	ICC D V 1	LIIC	, mary ran
4 Donation 5 Donation 5 Donation (Specify) Lake View Memorial Park Sykesville, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE													
0/	1/ 1	1	0/	5	1 22 I	orin	nd address	ers	iuny Fune	eral D	irect	ors	, Inc.
23. PART I. Epter the disease shock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in death)	K)	lications the only one cau	it caused the use on each if	brc.	I 8	Jorin 1728 or the mo	g By Libe	ers] rty]	Rd.	Rand	allst	own	
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of examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
wal.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
the funeral director, page 5 should be detached for use as the burial-transit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be gleached for use as the burnal-transit
er death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mour after death. Page 6 may be retained by the hospital or attending physician.

	1 - STATE REGISTRAR		CE		ICALE	UF	DEAT	п		REG. NO.	Q		286111
	1. DECEDENT'S NAME (First, Middle	s, Last)							2. DATE C	F DEATH DA	7	YEAR	3. TIME OF DEATH
	Irwin	Sch	ıuk						10	19		90	2:000M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest t	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE O			B. BIRT	HPLACE (State or Foreign
	077-20-7123	1 ₪ M 2 🗆 F	63	YRS.	MONTHS	DAY8	HOURS	MIN.		/14/2	7	Coun	w York
	9a. FACILITY NAME (If not institution	n, give street and number)			9b. CITY,	TOWN O	R LOCATION	ON OF DE		/ 14/ 2	9c, COU		
Œ	3300 North	n Rolling Ro	nad		R	ockd	م1ءا				T.	101+	imore
DIRECTOR	RESIDENCE OF DECEDE		7d U		1	ocku	are	_			1	all.	IIIOTE
Ä	10s. STATE 10b.	COUNTY		10c. CIT	Y, TOWN O	R LOCATI	ION						10d. INSIDE CITY LIMITS?
	Maryland	Baltimor	e e		Roc	kda1	.e						1 YES 2 NO
AF	10e. STREET AND NUMBER					101.	ZIP CODI				10g. CIT	ZEN OF	WHAT COUNTRY?
FUNERAL	3300 North Rol	lling Road					2	1207	,			U.S.	.A.
5	11. MARITAL STATUS	12. WAS DECEDER	NT EVER IN U.S. ARM	ED	13. V	VAS DECI	ENDENT O	F HISPAN	IC ORIGIN?	(Specify Yes	or No-	14. RAC	E — American Indian,
	1 Never Married 2 Marrie		1 ☑ YES 2 ☐ ND WAR OR DATES					n, Mexican Specify:	n, Puarto Ri	can, etc.)		Spec	ck, White, etc.
BY	3 Widowed 4 Divorced	W W	2										White
8	15. DECEDENT (Specify only higher	I'S EDUCATION est grade completed)	(GM	kind of	Work done	CUPATIO	N st of worldr	NO	16b.	UND OF BUS	INESS/IND	USTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5	+) #fe. E	Do NOT u	se retired.)				- 1				
P P	12 Years		Cont	ract	Adm	inis	trat	or	D	ept. c	of De	fens	se US Gov't
COMPLET	17. FATHER'S NAME (First, Middle, I						18. MOTI	HER'S NAM	ME (First, M.	ddle, Maiden	Sumame)		
BE	Michael	Harold	Sch						_	nlefst			
2	19a. INFORMANT'S NAME (Type/Pri		19b.							r, City or Town			
	Mrs. Eliza	abeth Schuk		330	00 No	rth	Rol1	ing	Road	Ba1			
114	20e. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3	☐ Ramoval from State	20b. PLACE Of other place	(ec						20c. LO			
	4 🖒 Donation 6 🗔 Other (Speci		_ Balt	imo						n Re	iste	rsto	wn, MD
	21. SIGNATURE OF FUNERAL SER	VICE LICENSEE	Ct o					SS OF FAC		ral Di	rect	ore	Inc.
	John 1	(Aymut	0	>			_						n, MD 21133
	23. PART I. Enter the disease	es, or complications th	at caused the des	th. Do									Approximate
	shock, or hasrt f	allure. List Dnly one ca	use on each line.					1		_ /	1		Interval Between Onset and Death
	disesse or condition		/	M	00		6	0	/	a to	-6		Mart
	resulting in death)	B. DUE TO	O (OR AS A CONSEOU				W. Ca	<u>, , , , , , , , , , , , , , , , , , , </u>	7		15 4		
z		6 h		/	4.4	ero	<	sell	2200	-			Creen
일	Sequantially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSEQU	JENCE O	F):				1				1 0
2	cause. Enter UNDERLYING CAUSE (Disease or injury												
<u>u</u>	that initiated events												
	T2A I (death of politices	CDUE TO	O (OR AS A CONSEQU	JENCE O	F):								
H	resulting in death) LAST	d	OR AS A CONSECU	JENCE O	PF):								
L CERTIFICATION	PART II. Other algorificant co	d				deriying	cause	given in	Part I.	24a. WAS AN	AUTOPSY	24	b. WERE AUTOPSY FINDINGS
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E COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 HO 27. MANNER OF DEATH 1 Natural 5 Pendit 2 Accident 3 Suicide 6 Could 4 Homicide 6 Could 4 Homicide 6 Could 7000 Check only 1 CERTIFIER (Check only 1 CERTIFIER (Check only 1 One) 2 MEDICAL E 29b. SIGNATURE AND TITLE OF C	d	Description of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of	DOA 28b. Till IN.	OTHEF 4 Num ME OF JURY M street, fact on, in my o	26. PL R: sing Home 28c. INJI Wory, office Ime, data pinion, de	ACE OF D 5 AR FRY AT RK? YES 2 [and place eath occu 29c. LIC	NO NO NO NO NO NO NO NO NO NO NO NO NO N	seck only one 6 Other 28d. DE\$d. 28f. LOCA City of to the cause ABER	PERFOR 1 YES 2 (Specify) TION (Street a Town, State) TION and mare and place, and	NJURY OC	ocured or Rural ted.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, (s) and manner as stated.
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely filled in by the fundal Control agency should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinar curst by notified at once.

H 2

Eric

Dr.

Fisher,

0 1990

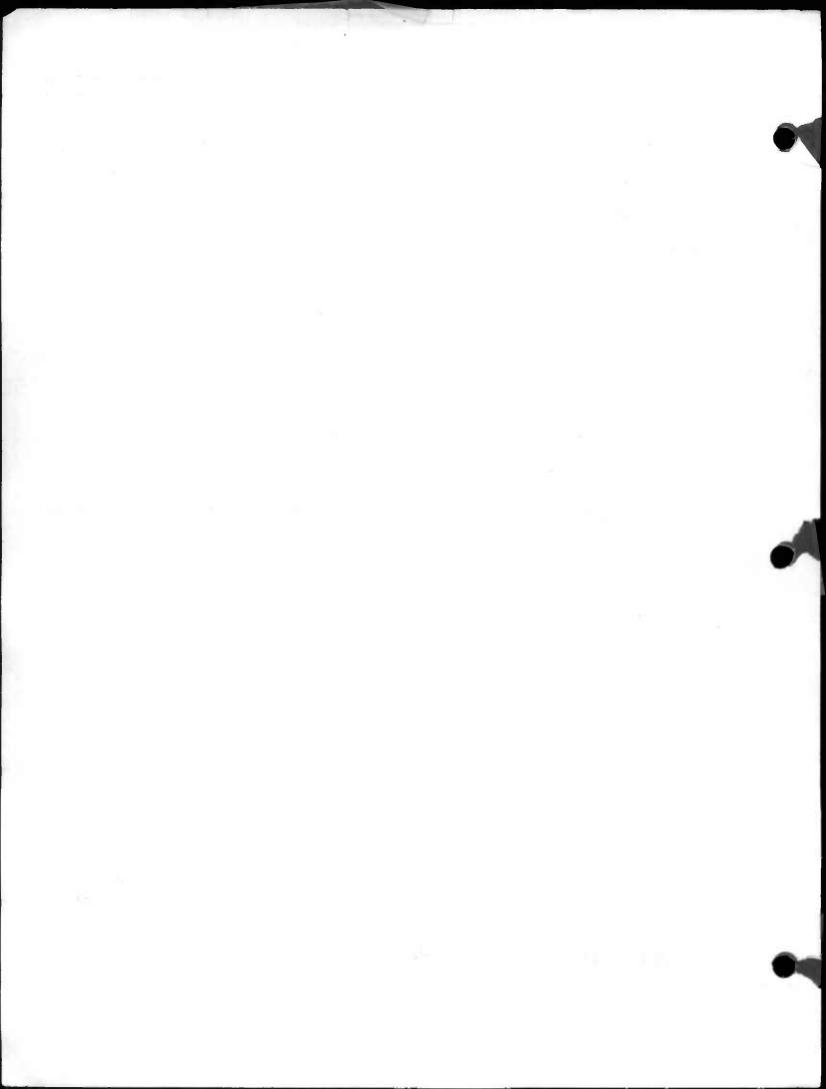
M.D.

	FOR 1 - STATE REGISTRAR	STATE OF M				HEALTH AND F DEATH	MENTAL HYGIEN	IE	0 20002
	1. OECEDENT'S NAME (First, Middle, Last)						2. DATE OF OEATH		3. TIME OF DEATH
2	PAULINE N	SAPI	А				10-17-1		11:40 A.M
	4. SOCIAL SECURITY NUMBER	5. SEX		s. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. OATE OF BIRTH		. BIRTHPLACE (State or Foreign
ŀ	214-05-3593	1 □ M 2 🂢 F	94	YRS.	MONTHS DAY:	HOURS MIN.	(Month, Dev. Year) 6-8-1896		Italy
	9e. FACILITY NAME (If not inatitution, give at	reet and number)				OR LOCATION OF D	EATH	9c. COUNT	Y OF DEATH
5	3305 White Ave.				Bal ⁻	timore			
ទួ	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY
DIRECTOR	Manyland				timore				LIMITS? 1 X YES 2 NO
A	10e. STREET AND NUMBER					10f. ZIP CODE		10g. CITtZE	EN OF WHAT COUNTRY?
FUNERAL	3305 White Ave.					21214		U.S.	Α.
5	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	T EVER IN U.S	ARMED Y NO			NIC ORIGIN? (Specify Year, Puerto Rican, stc.)	e or No 14	4. RACE — American Indian, Black, White, stc.
BY	1 Never Merried 2 Merried 3 X Widowed 4 Olvorced	IF YES, GIVE Y				ES 2 X NO Speci			White
	15. DECEDENT'S EDUC		164	. DECEOENT'S	USUAL OCCUPA	TION	18b. KIND OF BU	SINESS/INDUS	
E	(Specify only highest grade Etamentary/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT u		most of working			
집	8 Yrs.			Homema	aker				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N.	AME (First, Middle, Maiden	Surneme)	
B	Gaetano		Vicosi	a		Gaent	ana	Cat	talano
10	19e, INFORMANT'S NAME (Type/Print)						Route Number, City or Tox		
F	Frances Marchese			3942	Schroe	der Ave.,	Perry Hal	1, Ma.	21128
	20e. METHOO OF DISPOSITION 1	pvat from State		per niece)	eemer (cometery, cremetory or		alto.,	Md .
	21. SIGNATURE OF FUNERAL SERVICE LIC			Ty nee		AND AGORESS OF F		,	,,,,,,
	Roy H. Cathe	ather)		Leona	rd J. Ruck,	Inc.,5305 Har	ford Rd	.,Balto.,Md. 21214
	23. PART I. Enter the diseasee, or of ehock, or heart fellure.				not enter the	mode of dying, su	ch ee cerdiec or resp	olratory erres	st, Approximate Interval Between
	IMMEDIATE CAUSE (Finel	1	. 0		7 .	1	1. 1	1 .	Onset and Death
	diseese or condition resulting in death)	· ARTERI	osch	esole	E CARS	MOVISCU	VAR DI	seA.	æ.
		DUE TO	(OR AS A CO	NSEOUENCE (OF):				
8	Sequentially list conditions,	b	(00.10.1.00	NOT OUT 10T					
EA I	If any, leading to immediate ceuse, Enter UNDERLYING	DOE 10	(OH AS A CO	NSEOUENCE (ν τ):				İ
일	CAUSE (Disease or injury	c. OUE TO	(OR AS A CO	NSEOUENCE (OF):				
CERTIFICATION	that initiated events resulting in deeth) LAST								
		d							
AL	PART II. Other significent condition	s contributing to	deeth but	not resulting	in the underly	ring ceuee given is		N AUTOPSY RME07	24b. WERE AUTOPSY FINGINGS AVAILABLE PRIOR TO
음							1 _ YES	2 🗌 NO	COMPLETION OF CAUSE OF DEATH?
ME									1 TES 2 NO
PHYSICIAN: MEDICAL									
CEA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	PLACE OF DEATH (C	theck only one)		
1 XS	1 TYES 2 NO	1 Inpatient 2			4 🗆 Nursing i	ome 5 🗆 Reeldence	8 Cher (Specify)		
표	27. MANNER OF OEATH	28a. OATE O (Month,	F INJURY Day, Year)	26b. Til	JURY	INJURY AT WORK?	28d. DE\$CRIBE HOW	INJURY OCCU	JRED
B	1 Netural 5 Pending 2 Accident Investigation					YES 2 NO			
OMPLETED	3 Suicide 8 Could not be 4 Homtcide determined	28e. PLACE building	OF INJURY — , etc. (Specify)	At home, ferm,	street, factory, o	ffice	281. LOCATION (Street City or Town, State		or Rural Route Number,
9	29e. CERTIFIER	IOIAN, To 11			-1-1-1				
M P	(Check only	A THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE					e to the ceuse(e) end mi		d, ceuse(s) and menner ee stated.
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Northern Pkwy., Balto., Md.

1900 E.

ST. REGISTRATIS SIGNATURE



DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nours after death. Page 6 may be retained by the hospital or attending physician.
TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burlal, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First EDW		ARSHALL	AB	RAMS					2. DATE OF DEATH MONTH	7-	YEAR O	3. TIME OF DEATH
4. SOCIAL SECURITY NUM 063-09-4224	BER	5. SEX 1 M 2 F	6. AGE (In yrs. 82		F UNDER 1 YE		OURS I	HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) MAY 19, 1	.908	Country	IPLACE (State or Foreign y) W YORK
9a, FACILITY NAME (# not a 2401 A	MHERST			9	b. CITY, TO		OCATION HYAT				NTY OF DI	eath E GEORGES
10a. STATE MARYLAND	10b. COUNT	RINCE GEO	ORGES	10c. CITY,	TOWN OR L		rsvii	LLE				10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 2401 AMHE		OAD				10f, ZI	P CODE	0783	3	10g. CIT	IZEN OF W	VHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 2 3 Wildowed 4 Div	F 24		TEVER IN U.S. YES 2 [MAR OR DATES	ARMED	If ye	s, specif	DENT OF I	Mexican	C ORIGIN? (Specify Ye. , Puerto Ricen, etc.)	or No—	14. RACE Black Specia	E — American Indian, k, White, atc.
15, DE (Specify or Elementary/Secondery	CEDENT'S EDU nly highest grade (0-12)	CATION completed) College (1-4 or 5	+)	DECEDENT'S US (Give kind of wor life. Do NOT use PRESSMA	rk done durii retired.)	IPATION ng most o	of working		16b. KIND OF BU			RESS
17. FATHER'S NAME (Fliest, AVERY	ABR	AMS					Į.	AMEI		MO	RRIS	ON
ESTHER F	. ABRAI	MS (I	WIFE)		AMHER	ST F	ROAD	, ну	ATTSVILLE		RYLA	
1 N Buriel 2 Cremet 4 Donation 5 Oth 21. SIGNATURE OF FUNER	or (Specify)		_ ROCK	VILLE (FRA	NCI:		CO1	LLINS FUNE	ERAL	HOME	ENTER, N.Y , INC. ., MD 2090
23. PART I. Enter the ehock, or iMMEDIATE CAUSE (F disease or condition resulting in death) Sequentielly list cond if any, leading to imm cause. Enter UNDERL' CAUSE (Disease or in	itions, ediete	e. DUE TO	O (OR AS A CON	SEQUENCE OF:	591 1400	RA-	TOP	AC	ARRE DISE	57	-	Approximate Interval Between Onast and Das Park M
that initiated events resulting in death) LA		d. A D.	TERIC	SEQUENCE OF):	209	TIZ	-	C.	V.D.			Yes.
PART II. Other significant	condition	ns contributing to	NEH	ot resulting in	the unde	rlying c	ceuse glv	ven in	Part i. 24a. WAS AF PERFO	RMED?	. 24b	D. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:			OTHER:	26. PLAC	E OF OE	TH (Che	ock only one)			
	Pending Investigation	1 Inpatient 2 28a. DATE O		26b. TIME	OF 26	c. INJUR	Y AT		8 Other (Specify) 28d. DESCRIBE HOW	INJURY O	CURED	
2 Accident 3 Suicide 6 4 Homicide	Could not be determined		OF INJURY — AI I, etc. (Specify)	t home, farm, st	eet, factory	, office			28f. LOCATION (Street City or Town, State		or Rumal i	Route Number,
29b. SIGNATURE AND TITLE	DICAL EXAMIN	ER: On the basis of	axamination and	/or investigation	, in my opir	nion, deat	th occured	d at the	IBER	nd due to t	the couse(e) end menner as stated.
DONAL		. LEU	115 1	1.D,		121	WE	4,	406 Mo.Z	08	32	
31. DATE FILED (Month, De	90	Julia.	Davidson	Randoll	•							

1 - FOR STATE REGISTRAR

			Anthony F.	Acquaviva					MONTH	er 5, 1	YEAR	3:00 A
	5		4. SOCIAL SECURITY NUMBER		(in yrs. las		ER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B (Month, Day	IRTH		THPLACE (State or Foreign
)	107-09-6834	1₹3 _K M 2 □ F	80	YRS. MONTH		HOURE MIN.	Oct. 3	, 1910		aly
j-	2, 3 should	CTOR	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH Montgomery									
Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Paris, Pa	- -		RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY	,		10c. CITY, TOWN	OR LOCA	ATION				10d. INSIDE CITY
	r. Pages.	DIR	Maryland Mon	tgomery		В	ethe	sda				LIMITS? 1 YES 2 4 NO
	isit permi	ERAL	10e. STREET AND NUMBER 8605 Lancaster	Drive			10	01. ZIP CODE 20814				WHAT COUNTRY? States
21203-3146	the burial-transit permit.	BY FUNER	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	FORCES? 1 YES 2 NO If yes, specify Cut			CENDENT OF HISPAN pecify Cuban, Mexicar S 2 X NO Specify	Ify Cuban, Mexican, Puerto Rican, etc.) B			CE — American Indian, ick, Whita, etc.
03-Sattendi	use as the	ED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DE	CEDENT'S USUAL	OCCUPAT	TION nost of working	18b. KIN	D OF BUSINES		
212 F	2	COMPLET	Elamentary/Secondary (0-12)	College (1-4 or 5+)		ive kind of work dor Do NOT use retired erchandi				Adve	rtisin	g
AND 2	detach once.	SON	17. FATHER'S NAME (First, Middle, Last)					18, MOTHER'S NAI	ME (First, Middle	e, Maiden Surni	ame)	
Y Z	od pe	BE (Francis Anthony	Acquaviva				Teresa		**		
MARYLAND be retained by the hosp	e funeral director, page Listaniner must be	10	19a. INFORMANT'S NAME (Type/Print) Lauren M. Acquav					er Drive,				d 20814
MORE,			20a. METHOD OF DISPOSITION 1 Surfal 2 Cremation 3 Rame 4 Donation 5 Other (Specify)	oval from Stata	ob. PLACE other pl Cal	vary Cen	eter			Johnso		y, New York
ALT			21. SIGNATURE OF FUNERAL SERVICE LIC	Farrah	MO	0198 F	Rober Bet	t A. Pump thesda-Che Wisconsin	hrey I evy Cha	Funeral ase, In Bethe	l Home	e/ ID 20814-3501
13146, B. executed within 2-mours after	filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the filled in the fi		23. PART I. Enter the diseases, or on shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on	each line) .		arry	060010200			Approximata Interval Between Onset and Death
	and po	ATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING	b. DUE TO (OR AS	_		>	014	2010	sala	vos cs	
O. BOX	55	CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS	A CONSE	OUENCE OF):						
Q. €	ental			a	h				n at La	. WAS AN AUT	I -	
RECORDS	ed by h and	MEDICAL	PART II. Other algorificant condition	a contributing to death	but not	reaulting in the	underiyi	ing cause given in		PERFORMED)?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ECORE THE	een sign of Healt	ME							_			1 TYES 2 NO
F F		AN	25. WAS CASE REFERRED TO MEDICAL				26.	PLACE OF DEATH (Ch	eck only one)			
VITAL	certificate has be th the State Dept. d, or item 23 s	SICIAN	EXAMINER? 1 X YES 2 NO	HOSPITAL:	utpatient :	OTH		ome 5 KResidence	8 Other (S)	oecify)		
OF V	this certif with the ked, or	PHY	27. MANNER OF DEATH	28a. DATE OF INJUR (Month, Day, Year		28b. TIME OF INJURY	28c. II	NJURY AT VORK?	28d. DESCRI	BE HOW INJUI	RY OCCURED	
ON	After this c death with	BY	1 Natural 5 Pending 2 Accident Investigation			М		YES 2 NO				
DIVISION OF VITAL F	DIRECTOR: After hours after death	B	3 Suicide a Could not be 4 Homicide detarmined	28e. PLACE OF INJU building, atc. (S	RY — At h	ome, farm, atreet,	factory, of	fica :		own, State)	Number or Run	al Route Number,
= 8	IAL DIRI	COMPLET	(Check only	ICIAN: To the beat of my kn	-							e(a) and manner as stated.
3001	THE FUNEF filed within		296. SIGNATURE AND TITLE OF CERTIFIE	R				29c. LICENSE NUI	WBER	29	d. DATE SIGN	ED (Month, Day, Year)
2	TO THE be filed) BE	gos a	aulu "	m	7		D08546		[]	Octob	per 6, 1990
^		5	30. NAME AND ADDRESS OF PERSON WI									
3	0	-	John Tauber, M.I			in Avenu	ıe,	Bethesda	, Mary	Land	20814	
			31. DATE FILED (MONTH, Day Year)	32. REGISTRAR'S SI	GNATURE	70. J. 00						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

90 28604

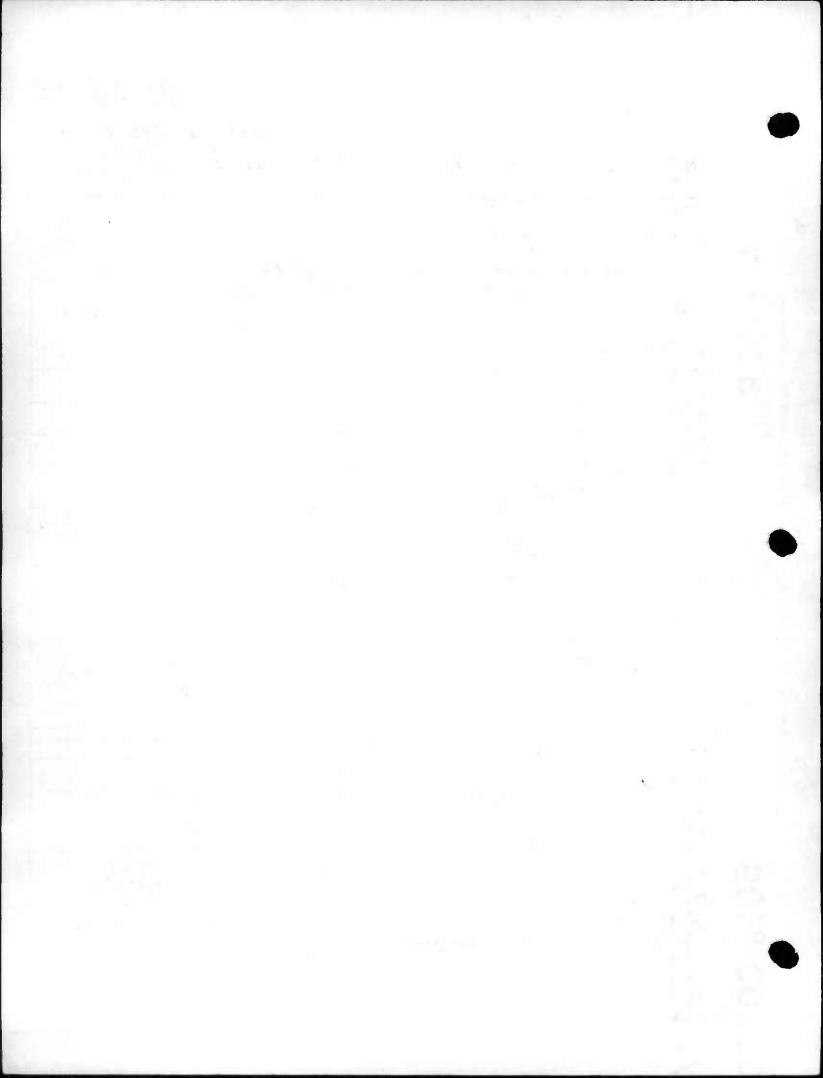
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BALTIMORE, N	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zermours after death. Page 6 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page the filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be in
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	EN	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	-
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thed for use as the burial-transit permit. Pages 1, 2, 3 should

unital or attending physician.

FTEAND 21203-3146

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPAR CERTIF	TMENT OF H	EALTH AND I	MENTAL HYO	GIENE 90	-28605				
	1. OECEOENT'S NAME (First, Middle, Last)		A 1			2. DATE OF DEA	ATH DAY	3. TIME OF OEATH				
	MARJORIE 4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (I	In yrs. last birthday)	R DOLIN	-	SEPT	12 19°	·				
	140-18-3558	1 🗆 M 2 💢 F	n yrs. lest birthday) 77 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	MAY 26	6 1913	New Jersey				
œ	SINAL HOSPITAL O		E		OR LOCATION OF DE	EATH		LTIMORE				
5	RESIDENCE OF DECEDENT											
DIRECTOR	10a. STATE 10b. COUNTY	v Jarford		y, town on Locat avre de				10d. INSIDE CITY LIMITS? 1 YES 2 NO				
	10e. STREET AND NUMBER				I. ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?				
FUNERAL	4318 WEBSTER				2107			USA				
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes, sp	CENOENT OF HISPAP ecity Cuben, Mexice 5 2 K NO Specify	in, Puerto Rican, e		4. RACE — American Indian, Black, White, atc. Specify: WHITE				
E	15. DECEDENT'S EQUI (Specify only highest grade	CATION completed)	(Give kind of a	USUAL OCCUPATION		16b. KIND (OF BUSINESS/INDUS					
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homemal	se retired.)		Tn	home					
OM	17. FATHER'S NAME (First, Middle, Last)		IMMARKE	YEL	16. MOTHER'S NA	AME (First, Middle, A						
BE C	SAmuel C. Schen	nck			Cece	lia M. H	Kinney					
TO B	19a. INFORMANT'S NAME (Type/Print)						or Town, State, Zip Co					
	John Edward Ardo		55 ROO				rwater, F	Fla. 34616				
	14 Burial 2 Cremation 3 A Rame 4 Donation 5 Other (Specify)	oval from State	Hillsid	le Cemete	ery			, New Jersey				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	Lonnett, B. Cargo, Tarring-Cargo Funeral Home, P.A. Aberdeen, Maryland 21001-3399											
	23. PART I. Enter the diseases, pro ahock, or heert feiture.	complications that cause List only one couse on e	the death. Do rech line.									
	IMMEDIATE CAUSE (Fine) Onset and Death											
	resulting in death)	a. SEPTIC DUE TO (OR AS A	CONSEQUENCE O	F):								
Z	- TOXIC MEGACOLON											
ATIO	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING											
FIC	CAUSE (Disease or Injury that initiated events	cDUE TO (OR AS A	CONSEQUENCE O	F):								
CERTIFICATION	resulting in death) LAST											
	PART II. Other significent condition	ns contributing to death b	out not resulting	In the underlyin	g ceuse given in		MAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS				
PHYSICIAN: MEDICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 NO OF DEATH											
MEC						_		1 TES 2 NO				
AN:	25 WAS CASE DESERBED TO MEDICAL			44.0				1				
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO											
H.	27. MANNER OF DEATH	26s. OATE OF INJURY (Month, Day, Year)	28b. TIM	IE OF 28c, IN.	JURY AT		HOW INJURY OCCU	JRED				
ВУ Б	1 Netural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO							
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec		street, factory, offic	18E	28f. LOCATION (City or Town		er Rural Route Number,				
COMPLETED	one)	SICIAN: To the best of my know ER: On the basis of examination						d. cause(a) and manner as stated.				
	29b. SIGNATURE AND TITLE OF CERTIFIE	The second second		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	29c. LICENSE NU		-	SUBNED (Agents, Day, Year)				
) BE	Remon Santuk		IDENT				D 9/	12/10				
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)											
	ZAMON BAUTISTA, MP SINDI HOSPITAL OF BALTIHOKE 31. DATE FILED (MONTH), Day your Superistran's SIGNATURE JUNE JUNE JUNES AND SINDIFF											
	SEP 1 4 90 Julia Davidson-Mandall											



TO THE HOSPITAL TO THE FUNERAL OF Be filed within 72 h

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TAL	UNERAL DIRECTOR: After this rithin 72 hours after death with	113
HOSPITAL OR ALTENDING PHYSIC	FUNERAL DIRECTOR: After this cert within 72 hours after death with the	TTANT: If item 28 is marked,

90 28606 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last, 2. DATE OF DEATH 3. TIME OF DEATH 90 AR PO-05 0329 AM P ANDERS ON ELLA 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 59 3 1 M 2 M1 7-28-31 12 9a. FACILITY NAME (If not institution, give street 9c. COUNTY OF DEATH Dorch DIRECTOR Dorchester (10b. COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY d Dorches 1 TES 2 NO a m b 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 530 Leonards 2/6/3 lane 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 - NO 1 Never Married 2 Marrie Specify ΒY 3 Widowed 4 Divorced lack COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumeme BE 19h MAILING ADDRESS (Street and Nu 2 0 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION 20c. LOCATION - City or Town, State 3 🗆 R 4 Donation 5 Other (Specify) enc 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22-NAME AND ADDRESS OF FACILITY anelle EN an an 23. PART I. Enter the diseases, or complications hat caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fallure. List only one cause on each line. interval Between Onset end Deeth Disseminated Discussated IMMEDIATE CAUSE (Finel Cancer disease or condition resulting in death) Vear DUE TO (OR AS A CONSEQUENCE OF): aucu lung CERTIFICATION years Sequentially list conditions, Lung Cancer DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL **AMILABLE PRIOR TO** COMPLETION OF CAUSE 1 YES 2 PONO DF DEATH? 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 NO ent 2/S-ER/Outpatient 3 DOA ne 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 1/2 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end manner as stated. (Check only one) MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, end due to the ceuse(e) and manner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE

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2 LA DOR CHES TER
32. REGISTRAR'S SIGNATURE DUTCHES LOT GE
Juna Davidson-Randalla

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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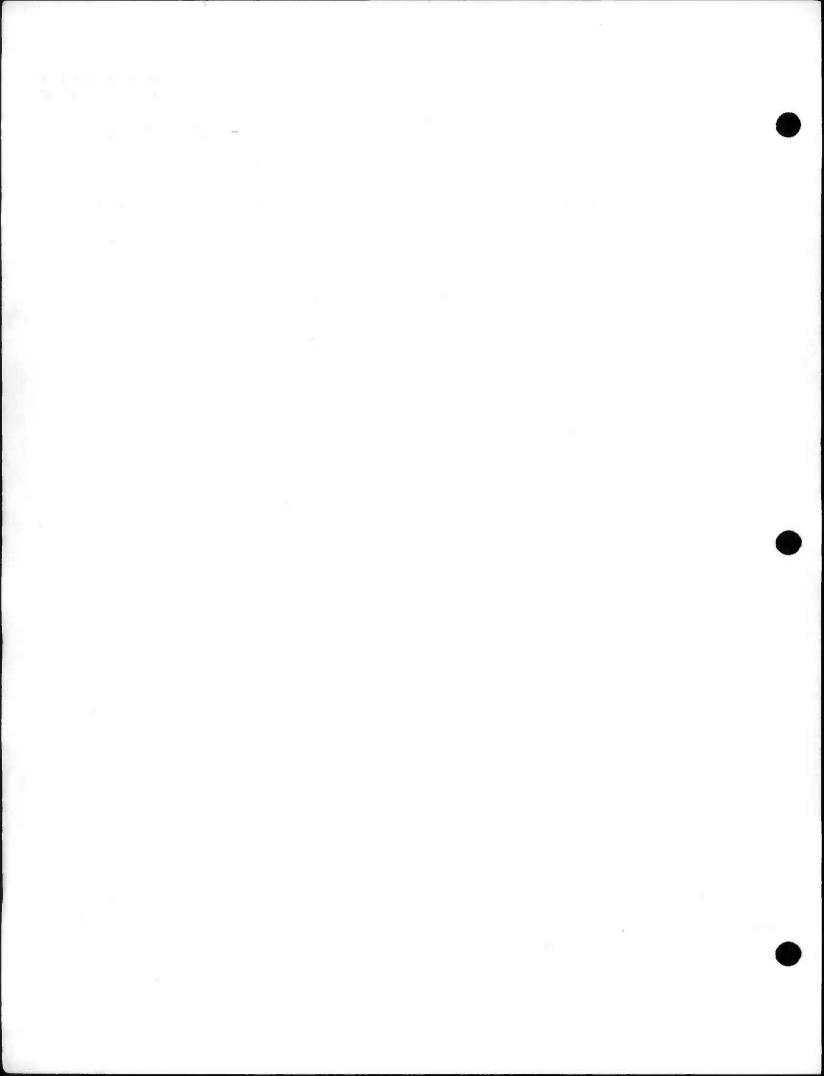
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GENERAL



TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21203-3146

1 - STATE REGISTRAR			CE	RTIF	CATE O	F DEATH		REG. NO.				
1. DECEDENT'S NAME (First,	Middle, Laist) hicu!	Belz	Allis				2. DATE MONTI		30	YEAR 90	3. TIME OF DEATH	<i>A</i> _M
4, social security number 494-03-5474		SEX	6. AGE (In yrs. less		IF UNDER 1 YEA MONTHS DAY		7. DATE	OF BIRTH 2. Day, (bar) 2-13		Country	PLACE (State or For	reign
90. FACILITY NAME (If not in Hill Haven RESIDENCE OF DEC						n or location of de	ATH			nty of D	eath George	
Mary land	10b. COUNTY	e George	9	Lau	rel	CATION					10d. INSIDE CITY V MITS? 1 X YES 2	NO
100. STREET AND NUMBER 9313 Creek	View Dri	i v e				101. ZIP CODE 20708			10g. CITI	USA	VHAT COUNTRY?	
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2A NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify, Cuben, Mexican, Puerto Rican, atc.) 1 YES 2 NO Specify: 14. RACE — American Indien, Black, White, etc. Specify: 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify, Cuben, Mexican, Puerto Rican, atc.) 1 YES 2 NO Specify:								n,				
15, DEC (Specify only Elementary/Secondary (0 12	EDENT'S EDUCATION IN THE PROPERTY SERVICE COMPANY AND ADMINISTRATION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PR	DN pleted) ollege (1-4 or 5+	(Gi	cedent's in the kind of who not use creta	e retired.)	ATION most of working		iospita		DUSTRY		
	rt Belz					16. MOTHER'S NA Sophia	a Mat	Z				
Susan Malon						View Drive				20708	3	
20a. METHOD OF DISPOSIT 1 Buriel 2 A prematic 4 Donation 5 Other		from State	Baltii	of dispos nce)	тюм (Name of Washin	gton Crematory or	atory	/ Lai	urel,	City or To	wn, State	
21. SIGNATURE OF FUNERA	L SERVICE LIGENS	SEE .		1	22. NAM	Sandy Spi	CILITY	-leck i	-uner aurel	ral H	lome, Inc 20707	C.
shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentielty list condit if eny, leeding to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initieted events	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury) CAUSE (Disease or injury) B. DUE TO (OR AS A CONSEQUENCE OF): CONGESTIVE HEART FAILURE									etween		
PART II. Other significa	ent conditions co	ontributing to	deeth but not i	resulting i	n the underl	ying cause given in	Part I.	24s. WAS AN PERFOR 1 YES 2	MED?	24b	. WERE AUTOPSY PI AMAILABLE PRIDR COMPLETION OF C DF DEATH?	TO
25. WAS CASE REFERRED TEXAMINER?	H	OSPITAL:			OTHER:	B. PLACE OF DEATH (Ch						
1 YES 2 NO 27. MANNER OF DEATH Natural 5		28a. DATE OF (Month, De		28b. TIM	E OF 28c.	Home 5 Residence INJURY AT WORK?	_	SCRIBE HOW I	NJURY OC	CURED		
2 Accident	Pending Investigation Could not be determined		F INJURY — At ho	ome, farm, s		YES 2 NO		CATION (Street or Town, State)		or Rural I	Route Number,	
one)		_				date and place, end due					e) and manner ee	stated
A /	CERTIFIER	~	MD	oadgatiO	, at my opinio	29c LICENSE NU	MAFR		294 DA	TE SIGNET	(Month, Day, Year)	
CHAPLES	BENNE	RMP	111	61 1	JEW	HAMPS	HIR	- 5	ILVÍ	ERS	PRG 20	904
31. DATE FILED (Month, Day	Year)	152 BEGINTRA	RE SIGNATION	علالم								

IMPORTANT: It liem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach to find within 72 hours after death with the State Dent, of Health and Mental Hollene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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E	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fire a within 20 hours after death with the State Dept. of Health and Mental Hydiene prior to burlat, cremation, or removal.	5

	FOR STATE REGISTRAR	TE OF MARYLAND / DE	EPARTMENT OF H		ITAL HYGIENE REG. NO.	90	28608				
	1. DECEDENT'S NAME (First, Middle, Last) Eli		CE	N	DATE OF DEATH DAY	90					
)	218-12-8935 1 🗆 🖪	M 2 Df 72	YRS. MONTHS DAYS	HOURS MIN.	Month, Dey, Year)	P	ennsylvania				
ТОН	9a. FACILITY NAME (If not institution, give street and Fallston General Residence of Decement	. 11		s to n		J+q	Rford				
DIRECTOR	10a. STATE 10b. COUNTY Maryland Har	rford	oc. city, town on locati Joppa	ON			10d. INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL	100. STREET AND NUMBER 101 Fern Drive		210	ZIP CODE 85		10g. CITIZEN (US)	OF WHAT COUNTRY? A				
B≺	1 Never Married 2 Married FOI	AS DECEDENT EVER IN U.S. ARMED RCES? 1 YES 2 NO YES, GIVE WAR OR DATES	13. WAS DECI	ENDENT OF HISPANIC Of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of	RIGIN? (Specify Yea o arto Rican, etc.)	S	RACE — American Indian, Black, Whita, atc. Specify: White				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) Colleg	ge (1-4 or 5+) (Give k	pent's usual occupation with dollars work done during most NOT use retired.) er — Operat	nt of working	Gas S	ness/industr tation	ΝY				
BE CON	17. FATHER'S NAME (First, Middle, List) Frederick C. Gues	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame)									
2	19a. INFORMANT'S NAME (Type/Print) Janice Ash-Henry		AILING ADDRESS (Stroot at 5 Falconer				n)				
	20a. METHOD OF DISPOSITION XXBurlei 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) MORELand Memorial Park Cemetery, Baltimore, Md.										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Nomes m	- Howar	d Adoress of Facility Cokesbury	as III F	uneral ingdon	Home, P.A. ,Md. 21009				
	23. PART I. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such se cerdisc or respiratory arrest, ehock, or heart fellure. List only one reuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Approximate interval Between Onset and Deeth Manual Cause (Finel disease or condition resulting in death)										
_	DUE TO (OR AS A CONSEQUENCE OF):										
ATION	Sequentially list conditions, If eny, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUE	ENCE OF):		<u>. </u>						
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST										
T. 1	PART II. Other significent conditions control	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? AMALABLE PRIOR TO									
PHYSICIAN: MEDICAL	1 U YES 2 NO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO										
ICIAN		PITAL:	OTHER:	ACE OF DEATH (Check o	only one)						
PHYS		6a. DATE OF INJURY (Month, Day, You')	eb. TIME OF LOGIC INJ	RK?	Other (Specify)	JURY OCCURE	ED				
TED BY	2 Accident Investigation	8e. PLACE OF INJURY — A some building, stc. (Special)	farm, street, factory, offic		LOCATION (Street as City or Town, State)	nd Number or R	ural Route Number,				
COMPLETED	cool -	to the best of my knowledge, death					use(a) and manner as stated.				
TO BE C	29b. SIGNATURE AND THE OF CERTIFIER	em		29c, LICENSE NUMBER		29d. DATE SIG	NEO (Month, Day, Year)				
F	30, NAME AND ADDRESS OF PERSON WHO COMP	PLETED CAUSE OF DEATH (ITEM 2	7) (Time Print)								

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year)
OCT 09 90

32. REDISTRAN'S SIGNATURE PANDERS

		1 - FOR STATE REGISTRAR		STATE OF I	MARYLAND		TMENT				MENTAL	HYGIEN REG. NO				
	THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE S	1. DECEDENT'S NAME (First	t, Middle, Last)								2. DATE O	F DEATH D	ay.	YEAR	3. TIME OF O	EATH
			n E. A:								Oct.			990	2:26	PM
(P		4. SOCIAL SECURITY NUM 213-05-558	32	5. SEX	8. AGE (In yrs. I	est birthday) YRS.	IF UNDER 1	YEAR DAYS	HOURS	MIN.	7. DATE OF (Month, I Apri	Day, Ybar) 1 14,	1913	Counti	PLACE (State o	r Foreign
show	00.5	9a. FACILITY NAME (If not							N OR LOCATION OF OEATH 9c. COUNTY OF DEATH							
69	CTO	Baltimore	CEDENT	ty Gen. H	osp.		Randallstown					Baltimore				
36s 1	ш	10e. STATE	10b. COUNT	ry		10c, CIT	CITY, TOWN OR LOCATION						10			HTY
permit. Pages	DIR	Maryland	Bal	ltimore			Reis	ter	stow	m					1 YES 2	NO
E ad	IAL I	10e. STREET AND NUMBER				10f. ZIP CODE							10g. CITI	ZEN OF V	VHAT COUNTR	17
in. ransit	FUNERAL	1012 Nico	odemus						211				L	US.	A	
BALTIMORE, MARYLAND 21203-3146 after death. Page 6 may be retained by the hospital or attending physician. noval. cal examiner must be notified at once.	BY FUI	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Div		IF YES, GIVE	NT EVER IN U.S. A I TYPES 2 T MAR OR DATES		- 15	yes, sp	city Cube		IIC ORIGIN? n, Puerto Ric		or No—	Speci	- American (c, White, etc. dy: White	ndian,
	ED	15. DE (Specify or	16a, E	DECEDENT'S	USUAL OC	CUPATIO	N et of world	log.	16b. K	UND OF BU	SINESS/INC					
	COMPLETED	Elementary/Secondary 8th	1	College (1-4 or 5	+)		work done di se retired.) inist		St Of WORK	ny		Manu	fact	urin	g	
	S	17. FATHER'S NAME (First,									ME (First, Mic		Surname)			
	6 III	Harry (ey						-	rtsoc					
	2	19a. INFORMANT'S NAME									Route Number				1126	
		Amy A. S			20h BLAC		NICOC				eiste	_	CATION —	_		
		1 Burial 2 Cremat	ion 3 🗆 Ren	noval from State	other	place)	.1 Cre			metory or			pste			
		21. SIGNATURE OF FUNER		ICENSEE		ulloi				SS OF FA	CILITY					- 1
BALT ter death. the funera wal.		· e.	Br	an Pa	well		E1	.ine	Fun	eral	Home				erstow n,Md.	
d in by or remo		23. PART I. Enter the ahock, or IMMEDIATE CAUSE (F	heart fallure.	complications the	at caused tha cuse on each ill	death. Do ne.				-					Approx	
- >= ==	em, me	disease or condition reaulting in death)	\rightarrow	a. DUE,76	Conto no	EQUENCE O	elil u	for	ten	•					1 44	11
				a ll	1 beined	eir t	Den	1) res	d						
OX 131 be be execute sician and confort to bunic	E S	Sequentially list cond if any, leading to imm	edieta	DUE TO	OR AS A CONS	EQUENCE O	F):									
O. B. certifical ding phy tygiene phy	CERTIFICATION	cause. Enter UNDERL' CAUSE (Disease or in that initiated events reaulting in death) LA	ury	OR AS A CONS	EQUENCE O	PF):										
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S # 18 # 1	5 5	PART II. Other signific	Will L	in English	stop re	-	is the und		g ceuse	given in		PERFOI	RMEO?	246	AVAILABLE PR COMPLETION OF DEATH?	OF CAUSE
L RE law req that been Dept. of	Z															
SICIAN: The la certificate has the State De	PHYSICIAN:	25. WAS CASE REFERRED EXAMINER? 1 YES 2 HO	TO MEDICAL	HOSPITAL:	ER/Outpetient	3 🗆 DOA	OTHER	:			eck only one) 6 Other					
PHYSII of this of with the	ВУ РН	27. MANNER OF DEATH 1 Netural 5 2 Accident	Pending Investigation	28a. DATE Of (Month)	F INJURY Day, Year)	28b. Till	ME OF	-	URY AT PRK? YES 2 [_ NO	28d. DEŞC	RIBE HOW	INJURY OC	CURED		
CTOR: A after of after of a ster of	ED	3 Suicide 6 4 Homicide	n, street, factory, offica 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)													
S RID INDI		onel		SICIAN: To the best o												
HOSPITAL FUNERAL WITHIN 72	S	2 MEDICAL EXAMINER: On the bagia of summar on and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and menner as stated.														
THE H fled w	BE CO	296. SIGNATURE AND TITE	E OF CENTRE	Yall.	May	7			29c. LIQ	ENSE NUI	MBER Q7	17	29d. DAT	ESIGNED	Monte, oby, Y	bar)

101 Reed St. Suite 114 Med. Arts Bldg.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAST OF DEATH (ITEM 27) (Type, Princ)

32. SEGISTRABIS SIGNATURE
Julia Day doon-Randall

Robert I. Levy, M.D.

Balto., Md. 21201

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		STATE OF M	ARYLAN					EALTH AND I DEATH	MENTA	L HYGIEN REG. NO	_	0 0	C-	0010
1. DECEDENT'S NAME (First,	Middle, Last)									E OF DEATH		WEA.	3. TI	ME OF DEATH
John		2.		Arm	or.	Jr.			MON1	28	B	90		4:22 - a m
4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In ye	rs. last bir		UNDER 1 YE	_	IF UNDER 24 HRS.	7. DATE	OF BIRTH th, Day, Year)		6. BIRT	HPLAC	E (State or Foreign
216 80 9767		1 M 2 F	21		YRS.	NTHS DA		R LOCATION OF DE	9-9	-1969	00 COU		ryl	and
					- 1				AIN		90.000			
Frostburg								tburg				Alle	egai	ny
Maryland	Monto	gomery		1	٠.	ther:								INSIDE CITY LIMITS? YES 2 NO
10e. STREET AND NUMBER 17620 Seque	oia Dr	ive #202						ZIP CODE 20877						country? ates
11. MARITAL STATUS	. — .	12. WAS DECEDENT	EVER IN U.	S. ARME	D	13, WAS	DECI	ENDENT OF HISPAN	NIC ORIGI	IN? (Specify Ye	or No-	14, RAC	E - A	mericen Indien, te, atc.
1 Never Married 2	Merried	FORCES? 1 IF YES, GIVE W				If you	s, spe	2 NO Specify	in, Puerlo			Spec		te, atc.
3 Widowed 4 Divo	reed			*		'-		z Eg No opoon	,			4		White
	EDENT'S EDU y highest grade		16	e. DECE	DENT'S US	UAL OCCUI	PATIO	N st of working	16	b. KIND OF BU	SINESS/IN	DUSTRY		
Elementary/Secondary (0	1	College (1-4 or 5+	,	Itte. Do	NOT use I	etired.)	<i>y</i>							
		3			Stud	lent				Colle	ge			
17. FATHER'S NAME (First, M. John C. Armo								16. MOTHER'S NA		Middle, Maiden	Surname)			
19a. INFORMANT'S NAME (7	Type/Print)			19b. N	AILING A	DRESS (St	reet a	nd Number or Rural	Route Nur	mber, City or Tow	n, State, Zi	(p Code)		
John C. Arm	nor			20	9 Mc	rris	A	venue, L	uthe	rville	, Ma	ryla	nd	21093
20a. METHOD OF DISPOSITI		oval from State	ot	her place;)			netery, cremetory or			CATION -			
4 Donation 6 Other			S'	t. M	ary	s Cen								ryland
21. SIGNATURE OF FUNERA	SERVICE LI	ENSEE	W006	0.0				Rockvill						y Funeral
	1	har	M006			Ave	nue	e, Rockv	ille	, Mary	land	208	50-	2805
23. PART Energie di or h IMMEDIATE CAUSE (Fir		complications that Liet only one ceu	caused the	ne deeth		Ave:	nue mo	e, Rockv	ille	, Mary	land	208	50-	Approximate Interval Between Onset and Death
		a	-	ne deeth	Card	Ave:	nue mo	e, Rockv	ille	, Mary	land	208	50-	Approximate Interval Between
IMMEDIATE CAUSE (Fir diseese or condition	nal -	a	caused these on each	ne deeth in line.	Card	Ave:	nue mo	e, Rockv	ille	, Mary	land	208	50-	Approximate Interval Between
IMMEDIATE CAUSE (Fir diseese or condition resulting in death)	tions,	a	caused these on each	ne deeth in line.	Card	Ave:	nue mo	e, Rockv	ille	, Mary	land	208	50-	Approximate Interval Between
IMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially liet condit if any, leading to imme	tions, diate	DUE TO b	caused these on each	Ted DNSEOUE	Card ENCE OF): ENCE OF):	Ave:	nue mo	e, Rockv	ille	, Mary	land	208	50-	Approximate Interval Between
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

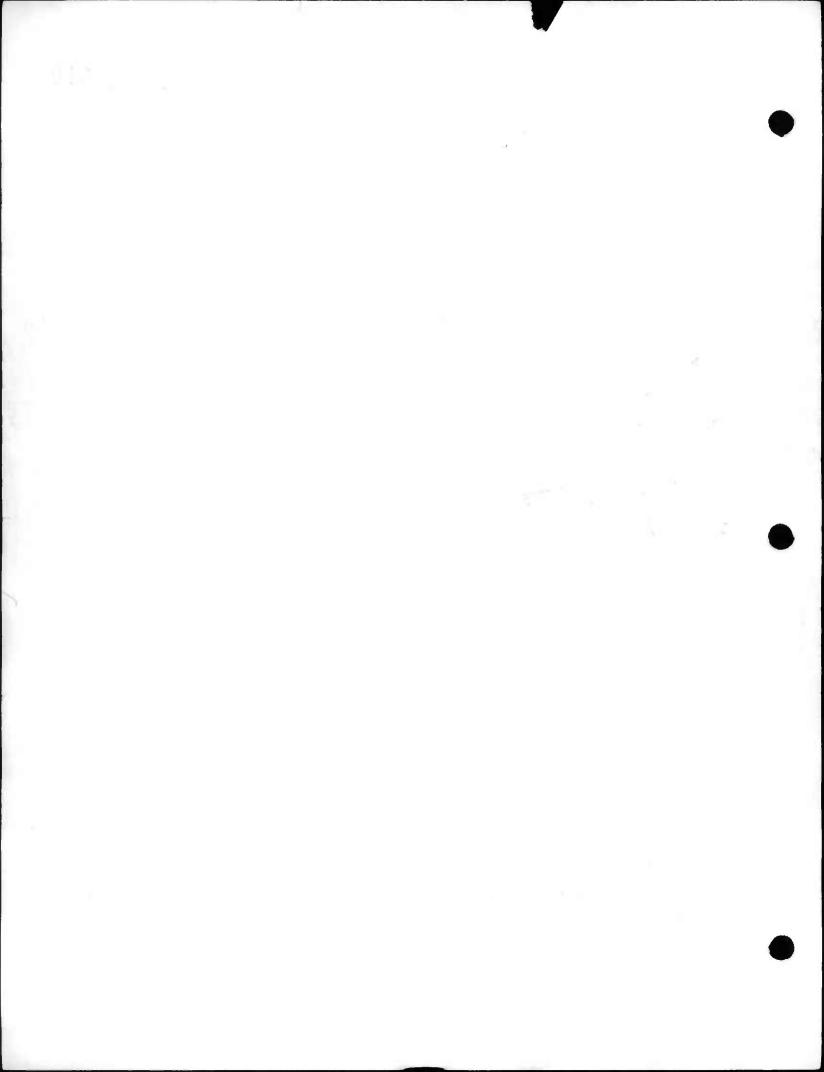
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31. DATE FILED (Month, Day, Year)

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32, REGISTRAR'S SIGNATURE who Davidson Randelle

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



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AL RECORDS, P.O. BOX 13146,	he law requires that the death certificate be executed within 24 riburs after death. Page 6 may be retained by the hospital or attending physicia	s has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tr e Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	m 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS,

OR ATTENDING PHYSICIAN: The law

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After death

DIRECTOR: /

THE HOSPITAL OF THE FUNERAL D MPORTANT: 11

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 90 28611 STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH BRYDEN JR 10 690 HAMILTON 505 7. DATE OF BIRTH 8. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 091-05-4153 86 1 XM 2 F YRS. FEB. 22, 1904 SCOTLAND 9a. FACILITY NAME (If not institution, give street end number) 9c. COUNTY OF GEATH 9b. CITY, TOWN OR LOCATION OF DEATH SHADY GROVE ADVENTIST ROCKVILLE MONTGOMERY RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND MONTGOMERY SILVER SPRING 1 TES 2 NO 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 15101 INTERLACHEN DRIVE 20907 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried Specify: WHITE 3 XWidowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondery (0-12) College (1-4 or 5+) 12 CONSTRUCTION SUPERINTENDENT CONSTRUCTION 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) HAMILTON BRYDEN, SR. **JEAN** CAMERON 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2310 HIGHLAND TERRACE, FALLS CHURCH, VIRGINIA 2204 JOHN B. BRYDEN (SON) 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State Burial 2 Cremation 3 Removal from State FORT LINCOLN CEMETERY 4 Donation 5 Other (Specify) BRENTWOOD, MARYLAND 21. SIGNATURA OF FUNERAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W., SIL.SP., MD 20901 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, Approximate shock, or heart failure. List only one cause on each line Intarval Between Cordio Pulm **Onset and Death** IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Cangestine Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if eny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury Cenelino Vasenla DUE TO (OR AS A CONSEQUENCE PT): that initisted events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS Onlinia AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 JAG 1 TYES 2 T NO tur Vallisan 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNED OF DEATH 28s. DATE OF INJURY 26b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 Homicide

PHYSICIAN: 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, end due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner as stated. amlessons 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Lines WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) In te Rayional. DRuce Gulia Varidon Pandelle

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Ohio

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, White, atc.

1 . TES 2 X NO

White

8. BIRTHPLACE (State or Foreign

6:31

AM

De. STATE

Maryland

11. MARITAL STATUS

10e. STREET AND NUMBER

1 Never Merried 2 Married

3 🔀 Widowed 4 🗌 Divorced

DIRECTOR

FUNERAL

BY

2, 3

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

226-58-3900

Earl M. Bergert

9a. FACILITY NAME (If not in stitution, give street and number

Shady Grove Adventist Hospital

10b COUNTY

19027 Red Robin Terrace

5. SEX

Montgomery

1 XM 2 - F

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 KNO IF YES, GIVE WAR OR DATES

YRS.

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

101. ZIP CODE

20874

13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-

If yes, specify Cuben, Maxicen, Puerto Rican, atc.)

1 YES 2 NO Specify:

Rockville

DAYS

10c. CITY, TOWN OR LOCATION

Germantown

6. AGE (in yrs. last birthday)

YEAR

9c. COUNTY OF DEATH

Montgomery

10g. CITIZEN OF WHAT COUNTRY?

United States

Specify:

1990

DAY

2. DATE OF DEATH MONTN

7. DATE OF BIRTH (Month, Day, Year)

October 6,

Sept. 5, 1901

nse a	ETEC	15. DECEDENT'S E (Specify only highest gr	:DUCATION rade completed)	18e. DECEDENT'S USU (Give kind of work	S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY work done during most of working user retired.)						
d for	PLE	Elementery/Secondary (0-12)	College (1-4 or 5+)			Traited Ober					
detache once.	COME	17. FATHER'S NAME (First, Middle, Last)	5+	Patent A		ME (First, Middle, Maiden Surname)	ces Government				
at of	ECC	Oliver Berger			200 TH 8 TH 100 TH	May Slusser					
ould Fled	00	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD		ute Number, City or Town, State, Zip Code)					
page 5 should be detached t be notified at once.	2	Lucy B. Poole			Charles agen ver	ce, Germantown					
page t be		204_METHOD OF DISPOSITION		20b. PLACE OF DISPOSITIO	N (Name of cemetery, crematory or	· · · · · · · · · · · · · · · · · · ·	- City or Town, State				
must		1 Burlel 2 Cremation 3 R 4 Donation 5 Other (Specify)	emoval from State	west Lawn		Canton					
he funeral dirad.		21. SIGNATURE OF FUNERAL SERVICE LICENSEE M00381 Babas Jomeshien Lawrence M00381 22. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey Home/Rockville, Inc. 300 West Mont Avenue, Rockville, Maryland 20850—									
ompletely filled in by the cremation, or remove event, the medical		23. PART I. Enter the diseases, ehock, or heert fellu IMMEDIATE CAUSE (Finel disease Dr condition resulting in death)	e. And	used the deeth. Do not on the each line. Conflict As a consequence on:							
ending physician and coll Hygiene prior to buria or other traumatic	CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	b. OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR OUE TO (AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):	In beaut	Cuasis	10+40				
certificate has been signed by the atti the State Dept. of Health and Memtal , or item 23 shows any injury,	SICIAN: MEDICAL C	PART_II. Other significent conditione contributing to death but not resulting is, the underlying cause gives in Part I. Comparison of Cause Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDING TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO 25 WAS CASE REFERRED TO MEDICAL PART									
certifi the	<u></u>	27. MANNER OF DEATH	28a. DATE OF INJU	JRY 28b. TIME OF		28d. DEŞCRIBE HOW INJURY O	CCURED				
fter this c eath with marked,	ВУ Р	1 Natural 5 Pending	(Month, Day, Ye	ear) INJURY	M 1 YES 2 NO						
S after death	ETED B	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State)									
FUNERAL DIRECTOR: After within 72 hours after death TANT: If item 28 is ma	COMPLE	and and				e to the cause(a) and manner as at time, date end place, end due to	ated, the cause(s) and manner as stated.				
TO THE FUNERA De filed within 7 IMPORTANT: 6	TO BE	29b. SIGNATURE AND TITLE OF CERT	612 Van	h.D.	29c. LICENSE NU	MBER 29d. D/	TE SIGNEO (Morith, Day, Year)				
		30. NAME AND ADDRESS OF PERSON	3. M.D.	7529 RES	CAND ROT	no DEFL	(01) MJ857				
		31. DATE FILED (MONTO Day Year)	32. REGISTRAR'S	SIGNATURE Pandal	2	/					

Mil v ca

31. DATE FILED (Month, Day, Year) 0CT 16 '90

	FOR 1 - STATE REGISTRAR	STATE OF A	MARYLAND /	DEPAR ERTIF					MENTAL	HYGIEN REG. NO	lt.	90	286	513
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE O		AY	YEAR	3. TIME OF	DEATH
	• Harmon Albertus	Bowers							Oct.	15		90	5:00	A. M
	4. SOCIAL SECURITY NUMBER	6. SEX	6. AGE (In yrs. les		IF UNDE	DAYS	IF UNDER	24 HRS.	7. DATE Of	BIRTH Day, Year)		B. BIR	THPLACE (State ntry)	or Foreign
1	215-18-2412	1 M 2 F	68	YRS.			noono		Nov.	27,	1921			
1	9s. FACILITY NAME (If not institution, give s					Y, TOWN C			EATH	DEATH				
0		38 C 1			1	Will:	Lams	ort			<i>V</i>	Vash	ington	
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	1		10c. CIT	Y. TOWN	OR LOCAT	ION						10d. INSIDE	CITY
<u>E</u>	Maryland Wash	ington				iamsı							LIMITS	
7		100. STREET AND NUMBER									10a CIT	IZEN OF	WHAT COUNT	
RA		Route # 1 Box 238 C 1									US		WIA COUNT	***
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	1 Never Merried 2 X Merried						ecify Cube	m, Mexico	n, Puerto Ri		4 OF 140—		CE — American ick, White, etc.	triumer,
BY	3 Widowed 4 Divorced	3 Wildowed 4 Divorced IF YES, OIVE WAR OR DATES					²⅓ NO	Specif	у:			Spi	whi	te
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		16a. DE	CEDENT'S	USUAL C	CCUPATIO	N of world		16b. I	IND OF BU	SINESS/IN	DUSTRY		
Ē	Elementary/Secondery (0-12)	College (1-4 or 5	- Ma	Do NOT u	se retired.)	auring mo	St of Worki	ng						
AP.	9 years			Ma	chin	ist			M	ack T	ruck	s, I	nc.	
Ö	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, Mi	ddle, Malden	Surname)			
ш	Roy Clagett Bow	ers						Cora	Bel1	Gree	en			
8	19e, INFORMANT'S NAME (Type/Print)		190	b. MAILING	ADDRES	S (Street a	nd Numbe	or Runal	Route Numbe	City or Tov	vn, Stata, Zij	p Code)		
2	Yvonne L. Bowers		R	Rt. #	1	Box	238	C 1	Will	iamsp	ort,	Mar	yland	21795
	29a, METHOD OF DISPOSITION		20b. PLACE	OF OISPO	SITION (N	ame of cer	netery, crer	natory or		20c. L0	CATION -	City or	Town, State	
	4 Donation 5 Other (Specify)	1 X Suriel 2 Cremation 3 Removal from State other place)											Land	
	21. SONATURE OF FUNEBAL SERVICE LIC	Minn	ich						nnich	30	5 N.	Pot	omac S	treet
	Funeral Home Hagerstown, Maryland 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such se cardisc or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final										al Between			
CERTIFICATION	disease or condition resulting in death) a. Carlio Du (monary Arres) Due to (or as Aconseouence or): Congettue Cardio myo pathy Due to (or as A conseouence or): Due to (or as A conseouence or): Due to (or as A conseouence or): Arterio scleratic Heart Disease Due to (or as A conseouence or): Due to (or as A conseouence or): Arterio scleratic Heart Disease Due to (or as A conseouence or): Due to (or as A conseouence or):										ean geaks			
PHYSICIAN: MEDICAL (PART II. Other aignificent condition	e contributing to	death but not a	resulting	In the u	nderlyin	g cause	given in			N AUTOPSY PRMED? 2 NO	2	4b. WERE AUTOF AVAILABLE P COMPLETION OF DEATH? 1 YES 2	RIOR TO I OF CAUSE
AN	25. WAS CASE REFERRED TO MEDICAL		····			26. PI	ACE OF (DEATH /C/	poli-only one			_		
200	EXAMINER?	HOSPITAL:	ER/Outpetlant 2	[] DOA	OTHE	R:			6 Other					
H	27. MANNER OF DEATH	28a, OATE OF		28b. TIA		28c. INJ		esidence			INJURY OC	CURED		
<u>P</u>	1 Natural 5 Pending	(Month, L			JURY	WC	PRK?	NO				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE (OF INJURY — At he etc. (Specify)	ome, farm,	street, fa	tectory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town. State)								
E COMPLETED								ENSE NU					Year)	
10 BE	Service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the servic	IO COMPLETED CALL	//	1. /	Order)		DI	113	3		•	10	-15-8	0

32. JEGISTRABIS SIGNATURE Granda Davidson-Rondale

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the found of the foundation of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of t	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact he find within 72 hours after neath with the State Dear, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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J withi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the its find within 72 hours after death with the State Deat; of Health and Mental Hydiene prior to burial, cremation, or removal.	yent,
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIEN		0 28614		
	1. DECEDENT'S NAME (First, Middle, Last) Edward Henry	Burke				2. DATE OF DEATH	1990 YE	3. TIME OF DEATH 520 P. M		
	4. SOCIAL SECURITY NUMBER 217-24-5599	5. SEX 6. AGE 1 💯 M 2 🗌 F		85 YRS. MONTHS DAYS HOURS MIN. NOV. 10, 1905 aryland						
OR .	9a. FACILITY NAME (If not Institution, give str Fallston General		91:	96. CITY, TOWN OR LOCATION OF DEATH Fallston Be. COUNTY OF DEATH Harford Cou						
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Harfot	rd County		10c. CITY, TOWN OR LOCATION Forest Hill						
FUNERAL I	100. STREET AND NUMBER 1612 Michelle Cot			7	ZIP CODE 21050		10g. CITIZEN	of What Country?		
BY FUNE	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	IN U.S. ARMED	If yes, sp	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	or No- 14. 1	PACE — American Indian, Black, Whita, atc.		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		16a. DECEDENT'S USI (Give kind of work life. Do NOT use re Policem	done during mo tired.)	N st of working	16b. KIND OF BU	siness/industri			
\$	17. FATHER'S NAME (First, Middle, Lest)		FOTTGE	rent	16 MATHER'S NA	ME (First, Middle, Maiden		Billo		
	William Jose	h Burke			Edit		chulth	ais		
BE	19a. INFORMANT'S NAME (Type/Prin) 100		19b. MAILING AD	DRESS (Street a		Soute Number, City or Tow				
2	Mrs. Edith D. Kre		1305 Ge	orgeto	wn Drive	Bel Air,	Maryla	and 21014		
	20e. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remo	val from Stata	other place) oly Redeen	on (Name of cer	etery, cremetory or	20c. LO Ba]	cation — city	or Town, Stata Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICE			22. NAME AN	D ADDRESS OF FA	CILITY Foster	Funer	al Home		
	9	is frates				dway & Wil yland 2101				
	23. PART I. Enter the diseases, or cahock, or heart failure. LIMMEDIATE CAUSE (Final disease or condition resulting in death)	ist only ona cause on	aach line.		23			Approximate interval Between Onset and Death		
N	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury) DUE TO (OR AS A CONSEQUENCE OF): Meral Failure 2° & Obstructive Urog Attary DUE TO (OR AS A CONSEQUENCE OF): Meral Failure Encephalopathy Output Due To (OR AS A CONSEQUENCE OF): Meral Failure Encephalopathy									
RTIFICATION										
CERTIF	Due to (or as a consequence of): that initiated events resulting in dasth) LAST Dementia Dementia LAST									
MEDICAL	PART II. Other significant conditions	contributing to death	but not resulting in t	ha undarlyin	g cause given in	Part i. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	eck only one)				
YSI	1 TYES 2 NO	12 Inpatient 2 - ER/Ou	tpatient 3 DOA 4	THER:	e 5 ☐ Rasidence	6 Other (Specify)				
ВУ РН	27. MANNER OF DEATH 1 Netural 6 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	NUUR	M 1 🗆	RK? /ES 2 NO	26d. DEŞCRIBE HOW	INJURY OCCURE	ED .		
	3 Suicide 8 Could not be 4 Homicide determined	26s. PLACE OF INJUR building, atc. (Sp.	Y — At home, farm, streecity)	et, factory, offic		28f. LOCATION (Street City or Town, State	end Number or R)	ural Route Number,		
COMPLETED	anal —	CIAN: To the best of my kno						use(s) and manner as stated.		
O BE	29b. SIGNATURE AND TITLE OF CERPIFIER	4		29c. LICENSE NUMBER D35012 29d. DATE SIGNED (Month, Day, M						
É	30. NAME AND ADDRESS OF PERSON WHO				Bel Air,	Maryland	21014			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE Davidson-Ran	1.00						

21265 00

0 1 6 2000

		1 - FOR STATE OF MARYLAN	ND / DEPARTMENT OF HEALTH AND N CERTIFICATE OF DEATH	REG. NO.
	7	1. DECEDENT'S NAME (First, Middle, Last)	BRODIE	2. DATE OF DEATH DAY YEAR OF TIME OF DEATH ONTH 28 90 0730 A
P		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In 5) 78-52-093-1 1 M 2 1 F 8	yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. YRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country)
3 show	OR	9a. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWN OR LOCATION OF DEA	ATH Sc. COUNTY OF DEATH Coula oner
Winterwal	5	RESIDENCE OF DECEDENT		3
Pages	DIREC	10a. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCATION	10d. INSIDE CITY LIMITS?
permit. P		D.C.	Washington	1)XX YES 2 □ NO
it per	RA	10a. STREET AND NUMBER	10f. ZIP CODE	10g. CITIZEN OF WHAT COUNTRY?
ian. trans	FUNERAL	3209 Morrison Street, N.W.	J.S. ARMED 13. WAS DECENDENT OF HISPANI	USA C OBIGIN2 (Specify Yea or No. 14 BACF — American Indian
ND Z1ZU3-3146 hospital or attending physician. ached for use as the burial-transit ce.	BY FU	1 Never Married 2 Married 1 Never Married 2 Married 3 Wildowed 4 Divorced FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO If yes, specify Cuban, Maxican	, Puarto Rican, etc.) Black, White, etc.
r attend use as	입	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	Ide. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	16b. KIND OF BUSINESS/INDUSTRY
for us	<u>u</u>	Elementary/Secondary (0-12) College (1-4 or 5 +)	Me. Do NOT use retired.)	
the hospital detached	COMPLET	12	Homemaker	Self
9 de 19 2	8	17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAM	AE (First, Middle, Maiden Surname)
od by the pe	BE	Robert Newell		M. Newell
be retained by ge 5 should be e notified at	2	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street and Number or Rural R	A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA
2 2 6		Lenore Phillips 20s. METHOD OF DISPOSITION 20b. F	7600 Georgia Ave, NW,	#300, Washington, D.C. 20012
MOKE, age 6 may director, pa		1 N Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	Rock Creek Cemetery	Washington, D.C.
		21. SIGNATURE OF FUNERAL SERVICE LICENSES	22. NAME AND ADDRESS OF FAC	CILITY
ALLIM death. Pag theral dis theral dis comminer		Valent Vinale		Funeral Home, Inc.
rs after of removal.		23. PART I. Entar the diseases, or complications that caused t		mpshire Ave, Silver Spring, MD as cardlac or respiratory arrest. Approximata
filled in the file of re-		shock, of heart failure. List only one cause on each immediate CAUSE (Final disease or condition resulting in death)		Interval Batweer Onset and Daet
th certificate be execute ending physician and collapse prior to burian or other traumatic	ERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated aventa resulting in death) LAST	coure	
Menta Menta Menta	L CEI	PART II. Other significant conditions contributing to death but	t not resulting in the underlying cause given in	Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS
requires thaten signed of Health a	4: MEDICAL	Ischemir Heart Di	suse	PERFORMED? 1 YES 2 OF DEATH? 1 YES 2 NO
he lange has e Deg	X	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH (Che	eck only one)
SICIAN: The certificate har the State D	SIC	EXAMINER? 1 YES 2 NO 1 Vestion 2 ER/Output	OTHER: 4 Nursing Home 5 Residence	8 Other (Specify)
PHYSIC this cel	BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28b. TIME OF 28c. INJURY AT WORK? M 1 YES 2 MQ	28d. DEȘCRIBE HOW INJURY OCCURED
OIVISION OR ATTENDING P OIRECTOR: After thours after death item 28 is mar	B		At home, farm, street, factory, office	281. LOCATION (Street and Number or Rural Route Number, City on Jown, State)
S OIR IN IN IN IN IN IN IN IN IN IN IN IN IN	COMPLET	one) /	dge, death occurred et the fime, data and place, and dua and/or investigation, in my opinion, death occured at the	to the cause(a) and manner as steted. time, data and place, and due to the cause(a) and menner as stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72 h IMPORTANT: If i	TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER ELSON	29c. LICENSE NUM	362 29d. DATE SIGNED (Month), Day, Year) → 9/29/90
2		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAT	Rd Hyattsville	MD 20782
		31. DATE FILED (Morath, Day, Hear) OCT 01 90 32. REGISTRAR'S SIGNA Fulia Javidos		

and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s

OHMH-18 Rev 1/89

i examiner must be notified at once.	IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notiffed at once.
wal.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
the funeral director, page 5 should be detache	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache
er death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 curs after death. Page 6 may be retained by the host

	FOR STATE REGISTRAR		STATE OF M	TARYLA		PARTME IFICA				MENTAI	L HYGIEN REG. NO.	E			
	1. DECEDENT'S HAME (First,	Middle, Last)								MONTH	OF DEATH	v	YEAR	3. TIME OF DEATH	
8	(CARO	HARRELS	NC	BUTLE	R				Sep	t. 24,	199	0	4:35 A	
Skelle	4. SOCIAL SECURITY HUMBI 216-46-465		5. SEX 1 ☐ M 2 🔯 F	6. AGE (in	yrs. last birtho	MONTH	B DAYS	IF UNDI	MIN.	(Month	of BIRTH 1, Day, Ybar) 1 . 9,	1900	Count	HPLACE (State or Foreign	
5	9a. FACILITY HAME (If not ins		treet and number)			9b. C	TY, TOWN	OR LOCAT	TIOH OF OR						
O.K.	109 Oxford	Stree				Cl	ievy	Chas	е			Мо	ntgo	omery	
DIMEGLOR	10a. STATE	10b. COUNTY				CITY, TOW								10d. IHSIDE CITY LIMITS?	
	MD 100. STREET AND HUMBER	Mon	tgomery			Chevy		Of. ZIP CO	D.F.			L 40. 01=		1 A YES 2 NO	
PUNEHAL	109 Oxford	Stree	et					208					J.S.A		
BY FUN	11. MARITAL STATUS 1				U.S. ARMED 13. WAS DECEMBENT OF HISPAHIC ORIGIN? (Specify Yaa or Ho— 14. RJ 17. BI 18. BI						14. RAC Blac Spec	E — American Indian, k, Whita, atc.			
2		OENT'S EOU			16a. DECEDEI	d of work do	ne durina r	TIOH most of work	king	16b	KIHD OF BUS	SINESS/IHI	DUSTRY		
COMPLETED	Elamentary/Secondary (0-	-12)	College (1-4 or 5	·)		or use retire	•				Own	n Hon	ne		
5	17. FATHER'S NAME (First, Mi	ddle, Last)						18. MO	THER'S HA	ME (First, I	Middle, Maiden	Sumame)			
BE	Edward Har		1						thel						
2	19a. IHFORMANT'S NAME (Ty		-								ber, City or Tow			007	
-	William J.			1						asnır	ngton,			007	
	20a. METHOD OF DISPOSITI 1 → Burlal 2 □ Cremation 4 □ Donation 5 □ Other		oval from Stata		place of DI other place) rlingt					ery		rling		own, State , VA	
	21. SIGNATURE OF FUHERAL SERVICE LICENSEE						Joseph Gawler's Sons, Inc. 5130 Wisconsin Ave, NW, Washington, D.C. 2001								
	23. PART i. Enter the di shock, or he iMMEDIATE CAUSE (Fin disesse or condition resulting in deeth)	ert fellure. el	e. Cardio	myop (or as a	athy	CE OF):	ter the n	node of d	lying, suc	th ee cen	diec or reep	iratory er	rrest,	Approximate interval Betwee Onset end Deat 4/17/86	
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. Coronary disease DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d.														
PHYSICIAN: MEDICAL C	PART II. Other significe	nt condition	ns contributing to	death bu	ut not result	ing in the	underly	Ing ceuse	given in	Pert i.	24s. WAS AN PERFOI 1 YES 2	RMED?	24	b. WERE AUTOPSY FINDING: AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
A	25. WAS CASE REFERRED TO	D MEOICAL	l				26.	PLACE OF	OEATH (C/	heck only o	ne)				
2	EXAMIHER?		HOSPITAL:	ER/Outpu	atlant 3 🗆 D		IER:		Reeldance						
	27. MANNER OF DEATH		28a. DATE O	INJURY		. TIME OF	28c. I	NJURY AT		,	SCRIBE HOW	INJURY O	CUREO		
2		Pending Investigation	(Month, I	ray, 19ar)		INJURY		WORK? YES 2	□ но						
	3 Suicide 8	Could not be datarmined	28e. PLACE (building	F INJURY atc. (Speci	— At home, fi	arm, street,	tactory, of	fice			CATION (Street or Yown, State		er or Rurai	Route Number,	
COMPLETED	CONSTRUCTION ONLY		ICIAH: To the best of											(a) and manner as stated.	
	295. SIGNATURE AND TITLE	OF CERTIFIE	R A	TI	\			29c. L	ICENSE HU	MBER	-	29d. DA	TE SIGNE	D (Month, Day, Year)	
BE	(Thur	Muli	We T	11				D	248	19		Se	pt.	24,1990	
۵	30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IZEM 27) (Type, Print)														
	Brice W. 31. OATE FILED (Month, Day,							, S1.	Lver	Spri	ng, Md	20	910		
		27 '9	0 9	ulia De	evidson-	Randel	2								

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

31. DATE FILED (Month, Day, Year)

90

	REGISTRAR		CENTILI	CALE OF	DEATH	ned. NO								
	1. DECEDENT'S NAME (First, Middle, Last)		201			2. DATE OF DEATH	AV	3. TIME OF DEATH						
	MELVIN EZELL BR	OOKSHIRE				mayor.		5:38 P M						
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yr		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.1	BIRTHPLACE (State or Foreign						
	578-16-9223A ¹⊠™	2 🗆 F 7	5 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		harlotte NC						
MELVIN EZELL BROOKSHIRE 4. SOCIAL SECURITY NUMBER 5.78 — 16 — 9223A 1 M 2 F 7.5 VRS. SEX 5.78 — 16 — 9223A 1 M 2 F 7.5 VRS. SOCIAL SECURITY NUMBER 5.78 — 16 — 9223A 1 M 2 F 7.5 VRS. SOCIAL SECURITY NUMBER 5.78 — 16 — 9223A 1 M 2 F 7.5 VRS. SOCIAL SECURITY NUMBER 5.78 — 16 — 9223A 1 M 2 F 7.5 VRS. SOCIAL SECURITY NUMBER 5.78 — 16 — 9223A 1 M 2 F 7.5 VRS. SOCIAL SECURITY NUMBER TO AUTO MOUNTS SEC. COUNTY OF Charactery SEC. CIVITY OF COLOR TO SEC. CIVITY OF CHARACTERY SEC. CIVITY OF COLOR TO SEC. CIVITY OF COLOR TO SEC. CIVITY OF COLOR SEC. CIVITY OF COLOR TO SEC. CIVITY OF COLOR TO SEC. CIVITY OF COLOR SEC. CIVITY OF COLOR SEC. CIVITY OF COLOR TO SEC. CIVITY OF COLOR SEC. CIVITY OF COLOR TO SEC. CIVITY OF COLOR TO SEC. CIVITY OF COLOR TO SEC. CIVITY OF COLOR TO SEC. CIVITY OF COLOR TO SEC. CIVITY OF COLOR TO SEC. CIVITY OF COLOR TO SEC. CIVITY OF COLOR TO SEC. CIVITY OF CALL SEC. CIVITY OF COLOR TO SEC. CIVITY OF COLOR TO SEC. CIVITY OF COLOR TO SEC. CIVITY OF COLOR TO SEC. CIVITY OF COLOR TO SEC. CIVITY OF COLOR TO SEC. CIVITY OF COLOR TO SEC. CIVITY OF COLOR TO SEC. CIVITY OF COLOR TO SEC. CIVITY OF COLOR TO SEC. CIVITY OF COLOR TO SEC. CIVITY OF COLOR TO SEC. CIVITY OF COLOR TO SEC. CIVITY OF COLOR TO SEC. CIVITY OF COLOR TO SEC. CIVITY OF COLOR TO SEC. CIVITY OF COLOR TO SEC. CIVITY OF COLOR TO SEC. CIVITY OF COLOR TO SEC. CIVITY OF COLOR TO SEC. CIVITY OF COLOR TO SEC. CIVITY OF COLOR TO SEC. CIVITY OF COLOR														
TOR	THE JOHNS HOPKINS HO													
E C			10c. CITY,	, TOWN OR LOCA	TION			10d. tNSIDE CITY						
E	Maryland Queen	Anne's		Centre	ville			LIMITS?						
4							10g. CITIZEN	OF WHAT COUNTRY?						
VERA		(Hope)				U.	S.A.						
בַּ	11. MARITAL STATUS 12. WAS FOR	DECEDENT EVER IN U.S CES? 1 TYES 2	S. ARMED	13. WAS DE	CENDENT OF HISPAN	HC ORIGIN? (Specify Yan, Puerto Rican, atc.)	a or No- 14.	RACE — American Indian, Black, White, etc.						
	3 Widowed 4 Divorced	ES, GIVE WAR OR DATES	\$AA					Specify: white						
		160	a. DECEDENT'S U	JSUAL OCCUPAT	ION	16b. KIND OF BU	SINESS/INDUST							
E			(Give kind of wo	ork done during m retired.)	ost of working			V)						
<u>-</u>	7		Contra	ctor		Cons	struct	ion						
∑ C	17. FATHER'S NAME (First, Middle, Last)		u	3 202	16. MOTHER'S NA									
		okahiro			100		and the second							
		OVPITTE	19b. MAILING	AODRESS (Street				de)						
2		kshiro						10						
						200 10	CATION - CITY	or Town State O. 7. G						
	1 M Burlat 2 Cremation 3 Removal from	State off	her place)											
		,	evensv	22. NAME A	ND ADDRESS OF FA	CILITY								
	17/ 50	1/1		Tom	Helfenb	ein Fune	eral H	omes, PA						
	Mysmas K. Hu	Menher	i											
	22 DART I Enter the diseases or complied													
	about or boart felture. List only	fions that caused th	ne death. Do no	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approxim										
	shock, or heart fellure. List only	flions that caused the control of the cause on each	ne death. Do no r line.	ot enter the m	ode of dying, auc	h ss csrdlac or resp	piratory arrest	Approximate Interval Between Onset end Death						
	shock, or heart fellure. List only IMMEDIATE CAUSE (Final disease or condition	filipps that caused the control one cause on each	ne death. Do no n line.	ot enter the m	ode of dying, auc	h ss csrdiac or resp	eiratory arrest	Interval Between						
	shock, or heart fellure. List only IMMEDIATE CAUSE (Final disease or condition	one cause on each	Cly		ode of dying, auc	h ss cardlac or reap	viratory arrest	Interval Between						
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BY PHYSICIAN: MEDICAL	shock, or heert feliure. List ofily IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent conditions contri 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Input 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide 1 Check only 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSICIAN: To	DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS	ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF ONSEQUENCE OF	28. I OTHER: 4 □ Nursing Ho EOFURY M 1 □ treet, factory, off	ng ceuse given in PLACE OF DEATH (Ch me 5	Part I. 24a. WAS AI PERFO 1 YES 1 YES 26d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State to the cause(a) end me time, data and place, a	N AUTOPSY RIMED? 2 NO INJURY OCCUP and Number or))	Interval Between Onset end Death 2						

32. REGISTRAR'S SIGNATURE

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BALTIMORE, MARYLAND 21203-3146

executed within BOX 13146, certificate be P.O. death OF VITAL RECORDS, the requires that AM E e PHYSICIAN: DIVISION OR ATTENDING

HOSPITAL

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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
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1. DECEDENT'S NAME (First, Middle, Last) 2 DATE OF DEATH 3. TIME OF DEATH MONTH 10 6 - 90 BELL RUBERT C. 0214 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8 -(Menth, Day) Year) 4 New york 119-18-9858 DAYS HOURS 1XXM 2 □ F 66 VRS 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH Sh. CITY TOWN OR LOCATION OF DEATH Severna park Anne Arundel 478 Yorkshire drive DIRECTOR RESIDENCE OF DECEDENT 10p. STATE 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10h COUNTY 10c. CITY, TOWN OR LOCATION Maryland A Severna park Anne Arundel 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL U.S.A. 478 Yorkshire Drive 21146 Severna Park 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 ☐ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-14. RACE — American Indian, Black, White, etc. 1 Never Married XX Married If yes, specify Cuban, Maxican, Puarto Rican, atc.)

1 YES 2 NO Specify: Caucasian BY 3 Widowed 4 Divorced B 1Se. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade of Щ Elamentary/Secondary (0-12) 12+ College (1-4 or 5+) Chemical Engineer Engineering/Real Estate 17. FATHER'S NAME (First, Middle, Last)
Norman S. Bell 18. MOTHER'S NAME (First, Middle, Maiden Surname)
Florence Poelmetz 19a. INFORMANT'S NAME (Type/Print) 19b. MAILIND ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 478 Yorkshire Drive Severna Park, MD 21146 Mrs. Jean M. Bell 20a. METHOD OF DISPOSITION

1X Burial 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE OF DISPOSITION (Name of cametery, cramatory or 20c. LOCATION - City or Town, State Maryland Veterans Cemetery Crownsville, MD 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENS 21146 Barrancos & Asbns Funeral Home 495 Ritchie Highway severna park, MD 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one ceuse on each line. Approximata interval Between **Onset and Death** MMEDIATE CAUSE (Final ACUTE CORONARY INSUFFICIENCY
DUE TO (OR AS A CONSEQUENCE OF): disease or condition uiting in death) CARDIOVASCULM DISONS ATHERO SCLENOTIC CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF). EVATED cause. Entar UNDERLYING CHOLES TEROX CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in daeth) LAST PART ii. Other eignificant conditions contributing to death but not requiting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one) OTHER: HOSPITAL 1 | Inpatient 2 | ER/Outpetient 3 | DOA Other (Specify) 27. MANNER OF DEATH 28a, DATE OF INJURY 2Sb. TIME OF 28c. INJURY AT 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, alc. (Specify) 3 Sulcide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) S Could not be ETED 4 Homicide determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as steted. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurad at the time, data and piace, and due to the couse(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SGAOGN M. NOA) ASMONTON SUPK 1990 Fulia Davids

	REGISTRAR			CERTIFIC	CATE (OF DEATH	REG. I	NO.		
	1. DECEDENT'S NAME (First, Mick		D 1				2. DATE OF DEATH	DAY	YEAR 3.	TIME OF DEATH
		dette	Ret	hards				29 3	0	7:45
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birthday)	F UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year	, 6	Country)	ACE (State or Fore
	577-38-4226	1 M 2	Δ	63 YAS.			11/07/2			hamptor
	9a. FACILITY NAME (If not institut		. 11	1 0	SP CITY, TO	WN OR LOCATION OF DI	EATH	9c. COUNT	Y OF DEAT	ГН
	RESIDENCE OF DECED	T emonio	u Hos	PILLON	1111	pendale		P.	6.	
	2000 0000000000000000000000000000000000	COUNTY			TOWN OR L				10	d. INSIDE CITY
1		rince Geoi	rge's	Kive	rdale			- 125		YES 2 N
	104. STREET AND NUMBER 5505 54th Ave	anua #1				10f. ZIP CODE 20737			S.A.	AT COUNTRY?
LONERAL	11. MARITAL STATUS		CEDENT EVER IN							
_	1 Never Married 2 Marr	FORCE:	37 1 YES	2 (ZNO	If you	DECENDENT OF HISPAI s, specify Cuben, Mexica	n, Puerto Rican, etc.)		Black, V	American India Vhite, etc.
5	3 Wildowed 4 Divorced	IF YES,	GIVE WAR OR DA	AIES	םיי	YES 2 NO Specif	γ:		Specify:	Whit
3		NT'S EDUCATION heat grade completed)	No. 1	18a. DECEDENT'S U	SUAL OCCU	PATION	16b, KIND OF	BUSINESS/INDU	STRY	
	12th Grade	College (1-	4 or 5+)			g most of working	0.66.	1		
COMPL		None		Secreta	гу		Offic			
- 1	17. FATHER'S NAME (First, Middle, Frederick Wii		lmar				ME (First, Middle, Mai lizabeth		ilahi	
	19e. INFORMANT'S NAME Type/			10h MARI NIC	nnpree ~	reet and Number or Rural				10)
2	Eileen Weibro		nd)			n Street,				nd 2078
10	200 METHOD OF DISPOSITION	1	200	A PLACE OF DISPOSI	TION (Name o	of cornetery, cremetory or	20c.	LOCATION — CH		
	1 2 Burial 2 Cremation 3		A1	rlington	Natio	nal Cemete	ry A	rlingto		
	21. SIGNATURE OF FUNDALL SE	- responsible from the contract of			22, NAM	ncis Gasch	QUTY CORR			
	1/11/	4/5	/,		473	ncis Gascn 9 Baltimor	S DURS	runeral	11c	Md 20
	23. PART I Enter the disea	ses, or complication	ne that cause	d the death. Do no		mode of dying, suc				Approxima
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	· Ca	DUE TO (OR AS	CONSEQUENCE OF	ator	y arre	hote 15	for the		Onset and
0	Sequentially list conditions if any, leading to immediate		DUE TO (OR AS A	CONSEQUENCE OF	:	4	reseas	VELLOS		
§	cause. Enter UNDERLYING CAUSE (Disease or injury	a (2)	3 dom	iral		bacacs				
	that initiated events resulting in death) LAST			CONSEQUENCE OF)	:		Ť			
CERTIFICATION	teading in death, EAST	d	cen	ch.						-
1	PART II. Other eignificant of	onditione contribu	ting to death b	out not resulting in	tha under	fying cause given in		S AN AUTOPSY REFORMED?		ERE AUTOPSY F
N: MEDICAL	- feriph	ral	vasca	lar i	154/	b'cience		S 2 X NO	0	OMPLETION OF OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MI EXAMINER?	HOSPIT	A1 -			86. PLACE OF DEATH (C	neck only one)		11	
Si	1 TES 2 NO				OTHER: 4 - Nursing	Home 5 - Residence	6 Other (Specify)			
E	27. MANNER OF DEATH		ATE OF INJURY Month, Day, Year)	28b. TIME INJU	IRY	c. INJURY AT WORK?	28d. DESCRIBE HO	OW INJURY OCCL	PRED	
Z R	a L Pacification	stigation				YES 2 NO				
9	3 Suicide 6 Cou	ld not be	LACE OF INJURY uilding, etc. (Spe	At home, farm, et cify)	reet, factory,	office	261. LOCATION (St. City or Town, S	reet and Number o Itale)	r Rural Rou	ite Number,
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3	2 MEDICAL		sis of examinatio	on and/or investigation	, in my opini	ion, deeth occured at the		e, and due to the	cause(s) a	ind manner as a
H H	29b. SIGNATURE AND TITLE OF	CERTIFIER	18			29c. LICENSE NU		29d. DATE	SIGNED (A	fogth, Day, Year)
2	CLNA	- N //	(2)		200	D149	20	1 9	130/	70
	30. HAME AND ADDRESS OF PE	18 1	· 72-7	RAIH (ITEM 27) (Type,	Print)	_ Que. (allon	P. L	m	127
	31. DATE FILED (MORRIS DOUBLE	4./0an	GISTINA RISE GIO		11000	_ ====. (verye.	1 ark	,,,,	1 20/
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BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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BALTIMORE, MARYLAND 21203-3146	4 nours after death. Page 6 may be retained by the hospital or attending physician.	illed in by the funeral director, page 5 should be detached for use as the burial-tran) or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and competely filled in by the funeral director, page 5 should be detached for use as the burial-transity errolls in the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF	DEATH		MEAD	3. TIME OF DE	ATH
	Clifton	E. Ba	arrett							Oct.	3	٧	1990	7:00	M M
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. Ia	st birthday)	IF UNDER		IF UNDER		7. DATE OF E (Month, Da			6. BIRTH	IPLACE (State or	Foreign
	118 22 0953	3	1 🔀 M 2 🗆 F	72	YRS.	MONTHS	DAYS	HOURS	MIN.	Aug.		18		hingtor	D.C.
	9a. FACILITY NAME (If not in:	stitution, give st	treet and number)			9b. CITY,	TOWN C	R LOCATI	ON OF DE				NTY OF D		
DIRECTOR	AMI Doctor	s Hos	pital			Laı	nham					Pr	ince	George	S
E I	10e. STATE	10b. COUNTY	1		10c. CIT	Y, TOWN C	R LOCAT	ION						10d. INSIDE CI	ry
1	Maryland	Prin	ce Georg	es	Во	wie								1X YES 2	NO
AL	10e. STREET AND NUMBER						101	ZIP COD	E			10g, CIT	IZEN OF V	WHAT COUNTRY	
ER	12925 Sutte	ers La	ne					207	20			Uni	ted	States	
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. AI						IIC ORIGIN? (S		or No	14. RAC	E — American In k, White, etc.	dien,
BY F	1 Never Married 2 2 3 Widowed 4 Divo			MAR OR DATES	40-45			2 X NO	Specify		1, 010.)		Spec		
														MITTE	
COMPLETED		EDENT'S EDUC highest grade		(0	ECEDENT'S Give kind of le. Do NOT u	work done			ng	16b. KIN	ID OF BUS	INESS/INI	DUSTRY		
ا ۳	Elementary/Secondary (0	-12)	College (1-4 or 5	+)	Build						Self	Emn	10370	d	
Ž	17. FATHER'S NAME (First, M	icidle I sett			Bullu	61		10 1407	HED'C NA	ME (First, Midd			Toye	u	
	William Rus		Barratt							ie Mau			idos		
BE	19a. INFORMANT'S NAME (Dallett	1	OF MAILING	AOORES	R /Street s			Route Number, (
2	Lola Barre			:	12925	Sut	ters	Lan	е Во	wie Ma			207	20	
	20e. METHOD OF DISPOSITI 1 ★ Burlel 2 Crematio 4 Donation 5 Other	n 3 🗆 Rem	oval from State	20b. PLACE other p	e of dispo place) yland					rv			. 1	own, State Maryla	nd
	21. SIGNATURE OF FUNERA	-						ND ADDRE					- 1		
	Kobert	8	10m	- / '	P					Funera				1 1 00	715
	23. PART I. Enter the d		- 00	at caused the d	leath Do									land 20	
		eart failure.	List only one ce	use on each lin	na.	مرمد	est							interval	Between nd Death
			OUE TO	OR AS A CONSI	EQUENCE O	NF):	2.	- 10							
CERTIFICATION	Sequentially list condit		DUE TO	OR AS A COASI	EOUENCE O	Elle	0040	0040						-i	
AT	if sny, lasding to imme cause. Enter UNDERLY		Ma	Aco. 1	\	La C.	9	1		. C					
FIC	CAUSE (Disesse or injuthat initiated events	iry	DUE TO	(OR AS A CONSI	EQUENCE O	F):	- 01	True	<u> </u>	-					
F	resulting in death) LAS	Т	9	of 2 St.	Sul	-	04	teo	21-X	in the					
S					,										
MEDICAL	PART II. Other significa	int condition	s contributing to	death but not	resulting	in the ur	nderlyin	g ceuse	given in	Part I. 24	PERFOR		24	AMAILABLE PRICE	OT PIC
Old				-						1	YES 2	□ NO		OF DEATH?	F CAUSE
M										_				1 YES 2	ND
ä															
5	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		LACE OF (DEATH (Ch	neck only one)					
PHYSICIAN:	1 TYES 2 JUS		-	ER/Outpatient	_				esidence	8 Other (S					
	27. MANNER OF DEATH 1 Netural 5	Pending	2Se. DATE O (Month,	Day, Year)	28b. TII	JURY M	W	JURY AT DRK? YES 2 [□ NO	28d. DESCR	ISE HOW I	NJUHT OC	CURED		
BY	2 Accident	Investigation	28e. PLACE	OF INJURY — At I	nome, ferm.	street, fac			- 22.5	28f. LOCATIO	ON (Street a	and Numbe	or or Rural	Route Number,	
ED	4 Homicide	Could not be determined	building	, etc. (Specify)						City or 1	own, State)				
	29a, CERTIFIER				10.0										
COMPLET	onel -		ICIAN: To the best of ER: On the basis of											(a) and manner a	stated.
8								311-0							
	29b. SIGNATURE AND TITLE	OF CERTIFIE	Pf					29c. LIC	ENSE NU	MBER		29d. DA	IE SIGNE	D (Month, Day, Ye-	17)
ш	0 0	0	. 0	m h				1	17/	3 12			1-11	40.	,
8	30 NAME AND ADDRESS OF	F PERSONAUM	IO COMPLETED CAL	TO DEATH OF	FM 271 /5-	a Drinet		C	080	302		•	10(1	496	
ш	30. NAME AND ADDRESS O	F PERSONWIT	1 Aver	USE OF DEATH (IT	lan	derie	v H	hills,	1/WC	302	<u>H</u>	>	10(1	496	

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTI	FICATE	OF DEATH	RI	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	Helen	E. Bau	er		2. DATE OF D MONTH 09	28 19	90	3. TIME OF DEATH A 9:30 M
	4. SOCIAL SECURITY NUMBER 072-20-2569		AGE (in yrs. last birthda 39 YRS	MONTHS	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF B (Month, Day 01/23		8. BIRTI Count	HPLACE (State or Foreign ry)
TOR	98. FACILITY NAME (If not institution, give so Villa Rosa Nur RESIDENCE OF DECEDENT		ne		chellvill		132.232	inty of C	e Georges
DIRECTOR		sau County	10c. (CITY, TOWN OF	Lynbrook				10d. INSIDE CITY LIMITS? 1XXYES 2 NO
FUNERAL	10e. STREET AND NUMBER 24 Ly	nbrook Ave	nue		101. ZIP CODE 115	63	'		tates
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2 NO	11	AS DECENDENT OF HISP yes, specify Cuban, Maxi YES 2 NO Specify	can, Puarto Rican		Spec	E — American Indian, k, Whita, etc. :asian
COMPLETED	15. DECEDENT'S EDU- (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	Ille. Do NO.		uring most of working		of business/in The Home	DUSTRY	
8	17. FATHER'S NAME (First, Middle, Last)			Homema			, Maiden Sumama)		
Ö		John J.	Heffernan		Mar	garet	Degna	n	
BE	19a. INFORMANT'S NAME (Type/Print)				(Street and Number or Run				20772
은	Patricia A. Glyn	n Daughter	9305	South	moor Court	Upper	Marlboro	, Ma	ryland
	20s. METHOD OF DISPOSITION 1 ↑ Burlel 2 □ Cremation 3 □ Rem 4 □ Donation 5 □ Other (Specify)	oval from State	20b. PLACE OF DISI	POSITION (Nan	me terv	,	20c. LOCATION - Westbury	- City or T	own, State
	21. SIGNATURE OF FUNERAL SERVICE LIC			22. N	IAME AND ADDRESS OF	FACILITY		,	
	▶ Kobert E	. Evan	14		all-Evans			- 14	ryland20715
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentiely list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a Wites	A AS A CONSEQUENCE	010	t Saul	we	lisea	10	Onset and Death
PHYSICIAN: MEDICAL C	PART II. Other algnificant condition	s contributing to de	eth but not resulting	ng in the un	derlying cause given	or or the	PERFORMED? YES 2 NO	24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH	Check only one)			
200	EXAMINER?	HOSPITAL:	R/Outpatient 3 🗆 no.	OTMER			ec/fv)		
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF IN. (Month, Day,	JURY 26b.	TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO		BE HOW INJURY O	CCURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF II building, atd	NJURY — At home, far (Specify)	m, street, facto	ory, offica		N (Street and Numb wn, State)	er or Rural	Route Number,
COMPLETED	CONSON ONLY				me, data and place, and o				(a) and manner as stated.
BE	296 STORMATURE AND TITLE OF CERTIFIE	zelm.	D		29c. LICENSE P	492	. •	9/2	(Morgh, Day, Year)
2	so make and address of person we kind Dakheel	m.D.14	300 Gal	Cont	Fox, Ln.	Bou	ie MI	120	7/5
	31. DATE FILED (Month Pay Hear)	32. REMSTRARY	audson-Rand	Less					

nerve tott. Circlesoff mo mikam incom d

DIVISION OF VITAL RECORDS, P.O. BOX 13146, THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-mous at 3 THE FUNEAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by a filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remarked that the state Dept. of Health and Mental Hygiene prior to burial, cremation, or remarked that the state Dept. of Health and Mental Hygiene prior to burial, cremation, or remarked that the state Dept. of Health and Mental Hygiene prior to burial, cremation, or remarked that the state Dept. of Health and Mental Hygiene prior to burial, cremation, or remarked that the state Dept. of Health and Mental Hygiene prior to burial, cremation, or remarked that the state Dept. of Health and Mental Hygiene prior to burial, cremation, or remarked that the state Dept. of Health and Mental Hygiene prior to burial, cremation, or remarked that the state Dept. of Health and Mental Hygiene prior that the state Dept. of Health and Mental Hygiene prior that the state Dept. of Health and Mental Hygiene prior the state Dept. of Health and Mental Hygiene prior that the state Dept. of Health and Mental Hygiene prior that the state Dept. of Health and Mental Hygiene prior that the state Dept. of Health and Mental Hygiene prior that the state Dept. of Health and Mental Hygiene prior that the state Dept. of Health and Mental Hygiene prior that the state Dept. of Health and Mental Hygiene prior that the state Dept. of Health and Mental Hygiene prior that the state Dept. of Health and Mental Hygiene prior that the state Dept. of Health and Mental Hygiene prior that the state Dept. of Health and Mental Hygiene prior that the state Dept. of Health and Mental Hygiene prior that the state Dept. of Health and Mental Hygiene prior that the state Dept. of Health and Mental Hygiene prior that the state Dept. of Health and Hygiene prior that the state Dept. o	BALTIMORE, MARYLAND 21203-3146	leath. Page 6 may be retained by the hospital or attending physician. funeral director, page 5 should be detached for use as the burial-transperment. Proce 1. kaminer must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECT	10. STATE MARTY 10. STREE 6204 11. MARTY 12. Neve 13. Wide Element Unav 17. FATHER Unav 19a. INFORATILe 20a. METH 1 Burle 4 Dona 21. SIGMA
TO THE HOSPI TO THE FUNES TO THE FUNES TO THE FUNES TO THE FUNES TO BE CO.	•	TAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x xecus after vAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the TX hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical expressions.	MPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequent If any, is cause. E CAUSE (thet initi resulting
		TO THE F be filed w	TO BE	30. NAMÉ

	REGISTRAR			CERTIF	ICALE	UF	DEA	I H	P	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DEATH _DA	Υ	YEAR	3. TIME OF DEATH
	Ann a M. Bartek								Octobe	r 01	. 19	90	10:05 Рм
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in y	rs. last birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF F	HTRIE		Countr	PLACE (State or Foreign y)
	075-16-1366	1 🗆 M 2 💥 F	93_	YRS.					May 12	2, 18			hoslovakia
~	9a. FACILITY NAME (If not institution, give s						OR LOCATION	ON OF DE	ATH			NTY OF D	
6	AMI DRS HOSPITAL	OF P.G.	COUNT	<u>ry</u>	LANH	AM					PRIN	CE G	EORGE
S	10a, STATE 10b, COUNTY			10c. CIT	Y, TOWN O	OR LOCA	TION						10d. INSIDE CITY
DIRECTOR	Maryland Princ	e George	¹s	Che	ver1	У						- 1	LIMITS?
	10a. STREET AND NUMBER					10	. ZIP COD	E			10g. CIT	IZEN OF V	WHAT COUNTRY?
E	6204 Inwood Stree	t					2078	5			U.S	. A.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.	SARMED					IIC ORIGIN? (S		or No-	14. RACE	E — American Indian, k, Whita, etc.
BYF	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE Y				1 TYPES	2 A NO	Specify	n, Puarto Rica /:	n, etc.)		Speci	tty:
	15. DECEDENT'S EDU	0.000	Lan	a. DECEDENT'S							SINESS/INI		White
	(Specify only highest grade	completed)		(Give kind of life. Do NOT u	work done of se retired.)	during mo	st of workli	ng	100. KJF	ID OF BUS	SINE 33/INL	DUSINT	
2	Elementary/Secondary (0-12) Unavailable U1	college (1-4 or 5 navailab]		Domesti	c				Pri	vate	Res	iden	ce
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)						18. MOT	HER'S NA	ME (First, Midd	le, Maiden	Surname)		
BEC	Unavailable						Ur	nav a	ilable				
TO B	19a. INFORMANT'S NAME (Type/Print)								Route Number, (
۴۱	Arlene Brown (Fri			6204	Inwo	od S	tree	t, C	hever1	у, М	ary1	and	20785
	20a. METHOD OF DISPOSITION 1 Durial 2 X Cremation 3 Per	oyli trom-Clate	20b. Pl	her place) TOPOli	SITION (Na	me of ce	metery, crer	natory or			CATION —		C. C. Lincoln
	4 Donation 5 Donat (Specify)	\parallel / \rangle	yelet	ropoli	tan (rem	ator	<u>y</u>		Ale	xand	ria,	Virginia
	21. SIGMATURE OF PRINCIPAL SERVICE CO	TTL	V		F	ranc	IS G	asch	's Son	s Fu	nera	1 Hor	me, P.A.
	V Wik 10	1/20	Man	_	47	739	Balt	imor	e Ave.	Нуа	ttsv	ille	. Md. 20781
	23. PART I. Enter the diseases, or sheck, or haert fellure.				not antar	the mo	oda of dy	ing, auc	h aa cardlac	or reapl	ratory ar	reat,	Approximate Interval Between
	IMMEDIATE CAUSE (Final	-								. /	1	/	Onset and Death
	diseese or condition resulting in death)	·. (a	rc1.	MO MIC	2 (ot	\rightarrow	19	moi	d	C 0.	10 h	12 month
		DUE TO	O (OR AS A CO	DISEQUENCE O	FI:		+	4	- 4	3-4	1.		
O	Sequentially list conditions,	b. DUE TO	OR AS A DE	ONBERUENCE C	// C	1			mje	0	100		
TA	If any, leading to immediate cause. Entar UNDERLYING	T	Sev	dom	em	6	ar	200	5 (-01	/; +	2.5	
CERTIFICATION	CAUSE (Diseese or injury thet initiated events	DUE TO	(OR AS A CO	ONSEQUENCE O	F):								
F	resulting in daeth) LAST	d											
	PART II. Other significant condition	na contributing to	death but	not reaulting	In the ur	ndarivir	d canaa	alven in	Part I. 24	a. WAS AN	AUTOPSY	248	b. WERE AUTOPSY FINDINGS
EDICAL								•		PERFOR	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
									— '	YES 2	NO		OF DEATH?
Σ									-				1 WES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF C	DEATH (Ch	neck only one)				
Sic	EXAMINER? 1 ☐ YES 2 💢 NO	HOSPITAL:	☐ ER/Outpati	ant 3 🗆 DOA	OTHEI		ne 5 🗆 R	ealdence	8 Other (S	pecify)			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE O	F INJURY Day, Year)	28b, Til	_	28c. IN	JURY AT ORK?		28d. DESCR		NJURY O	CCURED	
ВУ Б	1 Natural 5 Pending 2 Accident Investigation	(MONT)	ouy, roury		М		YES 2 [_ NO					
	3 Suicide 8 Could not be	28e. PLACE building	OF INJURY — , etc. (Specify)	At home, farm,	street, fac	tory, offi	Ce		281. LOCATION OF T	ON (Street fown, State)	end Numbe	er or Rural	Route Number,
	4 Homicide datarmined												
7	[Original Only]	ICIAN: To the best of	of my knowled	iga, death occur	red at the t	time, dat	e and place	e, and due	to the cause	a) end me	nner ea at	ated.	
COMPLETED	one) 2 MEDICAL EXAMIN	ER: On the basis of	exa <i>m</i> ination a	ind/or investigat	lon, In my	opinion,	death occu	red at the	time, data an	d placa, ar	nd dua to t	the cause((a) and manner as stated.
BE C	296. SKANATURE AND TITLE OF CERTIFIE	R 7	01	7	\		29c. LIC	ENSE NU	MBER		29d. DA	TE SIGNE	D (Month, Day, Year)
TO B	Anc f.	Dn	rell	M	0		1	35	-05			10	12/90
F	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAN	SE OF DEAT	H (ITEM 27) (Typ) D. 75 UNE Pandel	e, Print)	14.	16	sel.	in Au.	#3	20. 6	lang	ley Park,
	Jose F.	Done//.	M	0. 73	1/00	vew	my	~ 17/				0	1 Md 20783
	31. DATE FINE CHOOL DE 1890	Julia	Davidson	1- Mandel	2								
		U		-									

TO BE COMPLETED BY FUNERAL DIRECTOR

28623 90

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIEN
CERTIFICATE OF DEATH		REG. NO

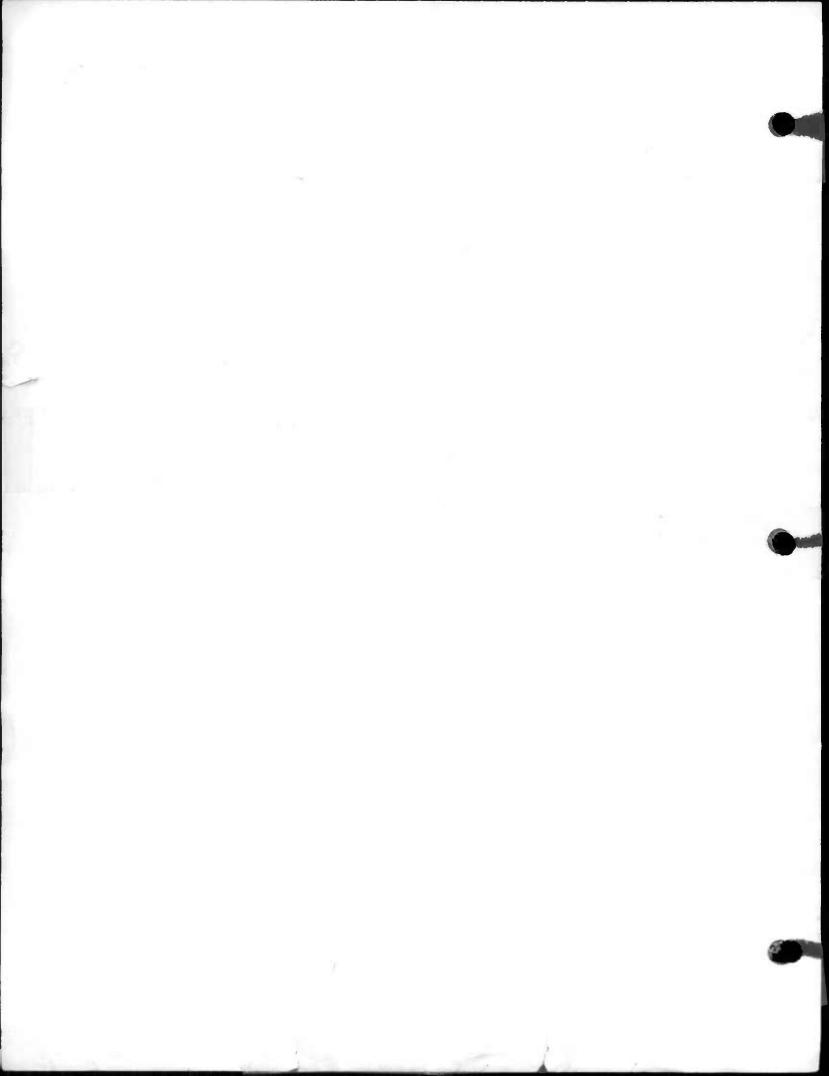
1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND I	MENTAL HYGIEN		0 4	0020
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			IME OF DEATH
Luther			Breva	rd			90 S	5:06 PM
4. SOCIAL SECURITY NUMBER		(In yrs. lest birthdey)	IF UNDER 1 YEAR	IF UHDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8	BIRTHPLAC Country)	E (State or Foreign
248-22-9106	1 😾 M 2 🗆 F	68 YRS.	MONTHS DAYS	HOURS MIN.	7-4-1922			I CAROLINA
9e. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN (OR LOCATION OF DE	ATH	9c. COUNT	Y OF DEATH	
Prince George's	General Hos	pital	Ch	everly_		Pri	nce G	eorge's
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	ry	10c, CITY.	TOWN OR LOCAT	ION			10d.	INSIDE CITY
			LIA CLIT	NGTON D.	C		W.	LIMITS? YES 2 NO
10e. STREET AND NUMBER				. ZIP CODE		10g. CITIZE	N OF WHAT	COUNTRY?
314 59th STREET	NE			20	019		U.S.A	١.
11. MARITAL STATUS	12. WAS DECEDENT EVER				IIC ORIGIN? (Specify Y	a or No— 1	RACE - A	merican Indian, ita, atc.
1 Never Married 2 Merried	FORCES? 1 YES			ecify Cuban, Maxica 2 NO Specify	n, Puerto Rican, atc.)			BLACK
3 Widowed 4 Divorced	<u> </u>							
15. DECEDENT'S ED (Specify only highest grad	de completed)	16a. DECEDENT'S U (Give kind of we life. Do NOT use	ork done durina me	ON ast of working	18b. KIND OF BI	JSINESS/INDU:	STRY	
Elamentary/Secondary (0-12)	College (1-4 or 5+)				STON	E INDUS	STRY	
7th grade	,	STONE	CULLER	18. MOTHER'S NA	ME (First, Middle, Meide	n Surname)		
URIK MACK BREVA	RD			ARABELI				
19a. INFORMANT'S NAME (Type/Print)	10	19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or To	wn, State, Zip C	ode)	
BEULAH BREVARD		314 59	th STRE	ET, N.E.	WASHINGTO	ON D.C.	200)19
	20	b. PLACE OF DISPOSI				OCATION — CI		
20a. METHOD OF DISPOSITION 1 Purist 2 Commation 3 Res 4 Donetion 5 Other (Specify)	moval from Steta	HARMONY	MEMORIA	L CEMETE	RY LAI	DOVER.	, MARY	(LAND
21. SIGNATURE OF FUNERAL BERVICE L	ICENSEE	1	22. NAMETA	LINS FUN	ERAL HOME	INC.		
1 / whener	16.5	Lev	. 433	9 HUNT P	LACE, N.E.	WASH.	D.C.	20019
23. PART I. Enter the diseases, or			ot antar the mo	oda of dying, suc	h as cardiac or res	piretory srre	st,	Approximats
shock, or heart fallure iMMEDIATE CAUSE (Final	. List only ona cause on	aach lina.					i	Intarval Between Onset and Dasth
disease or condition resulting in death)	. Chest i	njuries					- !	
Tesuting in death)		A CONSEQUENCE OF):					
Sequentisliy list conditions,	b							
if sny, leading to immediata cause. Entar UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF):				i	
CAUSE (Disease or Injury	C. DUE TO (OR AS	A CONSEQUENCE OF):					
that initiated events resulting in death) LAST			•					
PART ii. Other significant condition						N AUTOPSY ORMED?	AM	RE AUTOPSY FINDINGS ILABLE PRIOR TO
Hyertensive Art	erioscierotio	c cardiova	ascurar	ursease	1 🔀YES	2 NO		MPLETION OF CAUSE DEATH?
							120	KAES 5 🗆 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF OEATH (C				
1√2√ES 2 □ NO 27. MANNER OF OEATH	1 Inpetient 2 STER/Ou 28a. DATE OF INJURY			ne 5 A Realdence	8 Other (Specify)	V INJESSITY OCC	IRED	
1 Natural 5 Pending	(Month, Day, Year)	INJ	DM 1	ORK?	Driver i			impact
2 XXccident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJUR	Y — At home, ferm, e			28t. LOCATION (Street	et and Number of		
4 Homicide 8 Could not b	building, atc. (Sp	road			Southerr	Ave&63	rdSt,	Wash.D.C.
29a. CERTIFIER 1 CERTIFYING PHY	YSICIAN: To the beat of my kno	wiedge, death occurre	ed at the time, dat	e and place, and du	a to the cause(a) and n	nanner sa state	d.	
(Check only	NER: On the basis of examinat							d manner as stated.
29b. SIGNATURE AND TITLE OF SENTE	nee .			29c. LICENSE NU	IMBER	29d. DATE	SIGNED (Mo	orth, Day, Year)
11 Yu	/			OCI	Æ	•	9/27/	
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF I	DEATH (ITEM 27) (Type,	Print)					
Frank J. Peretti	, M.D Ass	istant		111	Penn St.		Balto	,MD ss
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	RNATURE						
nct 0 1 '90	Julia Davidson	andelle						

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-tran be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

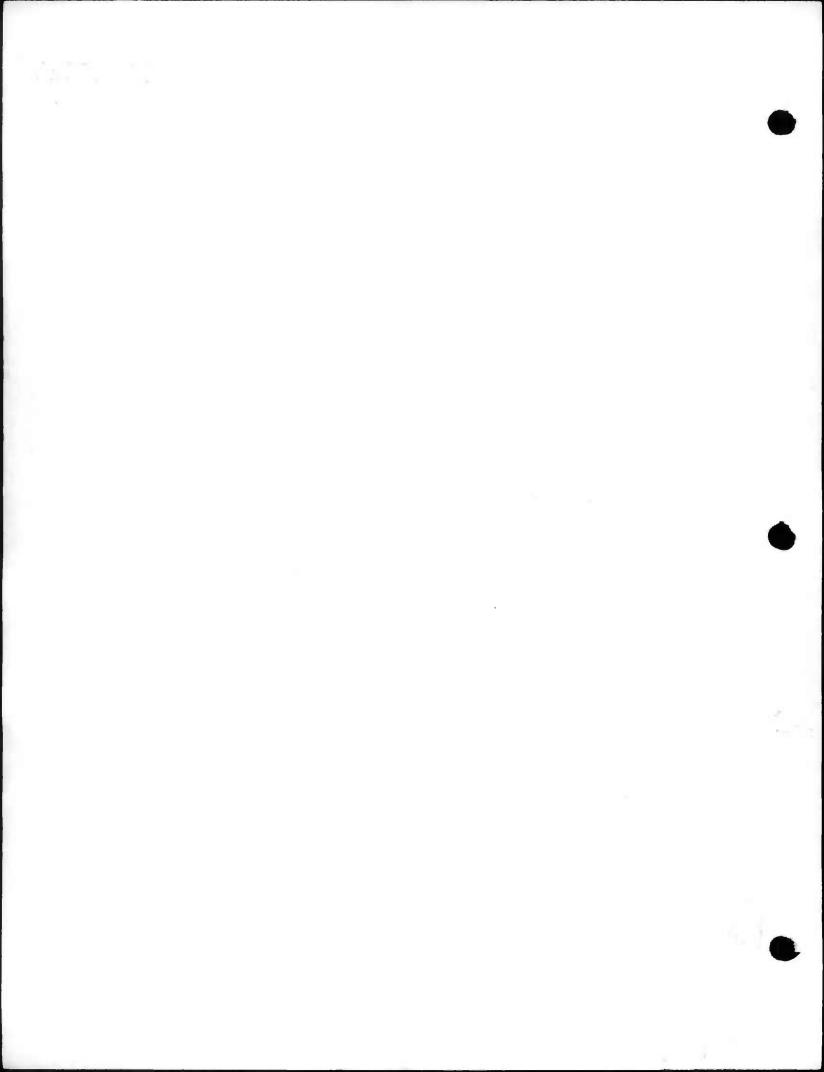
DHMH-18 Rev 1/89



1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

į,	1. DECEDENT'S NAME (First,	, Middle, Last)									2. DATE OF	DEATH		2224	3. TIME OF DEATH
- 1	WA	ALTER	Н		[BEAL	Jr.				09	2	7	90	602PM M
	4. SOCIAL SECURITY NUMBER	ER	5. SEX	6. AGE (In			IF UNDE	R 1 YEAR			7. DATE OF			8. BIRTI	IPLACE (State or Foreign
	578-12-2342	2	1 M 2 D F		79	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, D	20,1	911	Count	sh.,D.C.
	9a. FACILITY NAME (If not in		treet and number)				9b. CIT	Y, TOWN	OR LOCATI	ON OF DE		20/1		NTY OF D	
:	PRINCE GEOF	RGES GI	ENERAL HO	OSPIT	ΆΙ			CHE	VERLY				TIME	P.G	
2	RESIDENCE OF DEC	EDENT		JJ1 11	7 12									1.0	•
	10a. STATE	10b. COUNT				1	Y, TOWN								10d. INSIDE CITY LIMITS?
	Ma.	Р	.G.			Mi	.tch		ille_						1 YES 2 XX
	10e. STREET AND NUMBER							1	lot. ZIP COO				10g. CIT	IZEN OF	WHAT COUNTRY?
	10450 Lots	sford 1							207	'16				USA	
5	11. MARITAL STATUS 1 Never Married	Was and a st	12. WAS DECEDED	NT EVER IN	U.S. AR	MED					HC ORIGIN? (S		or No-	14. RAC Blac	E — American Indian, k, Whita, etc.
	3 Widowed 4 Divo	_	IF YES, GIVE	MAR OR DA	TES				ES 2XNO					Spec	
	15 DEC	EDENT'S EDU		NII I	16+ DE	CEDENT'S	HOUAL	OCCUPATION OF	TION		18b VI	ND OF BUS	IMEDO/IM	DUCTOV	White
	(Specify onl	y highest grade	completed)		(Gi		vork done	during r	most of worki	ng	100. 11	ND OF BU	JINESS/INI	DOSINY	
	Elementary/Secondary (0	1-12)	College (1-4 or 5	+)	Δ.	rchit	oct				110	Don	t of	F Dod	Tense
	17. FATHER'S NAME (First, M	liciciin, i nat)	44		Λ.	LCIII			16 MOT	HED'S NA	ME (First, Mide			. De.	.ense
· II			- 1								or Ash		ournamey		
3	Walter Her		al.		198	b. MAILING	ADDRES	SS (Strace			OL ASII	_	n, State 7	o Codel	
2	Anne Beal		9					- '			05,Was				
	20a. METHOD OF DISPOSIT			20b.					cemetery, cres		JJ/Mas				own, Stata
	1 Buriel 2 Toremetic	on 3 🗆 Rem	oval from State	h	other pla	Lee (linto		
	21. SIGNATURE OF FUNERA		CENSEE	Ai	-	1	22	. NAME	AND ADDRE	SS OF FA	CILITY TO	O F111	neral	Hor	ne,Inc.
	× 9		17	1		2		6633	3 01d	Alex	xander	Fer	ry Ro	bad	de, Inc.
	Journ	m	500	ull	1			Clir	nton.	Md.	20735				
- 1	23. PART I. Entar the d ahock, or h		complications the List only one ce				not ente	er tha n	node of dy	ing, euc	h ee cerdie	c or reep	ratory er	reet,	Approximete Intarval Between
ı	IMMEDIATE CAUSE (Flo disease or condition	nel	M	V	101	NAI	-		000-	-	/				Onset and Death
	reculting in death)	\rightarrow	a. ///	ju	Act	7/40	- 1/	V(-/	101	101					
			OUE TO	OR AS A	CONSE	JUENCE O	F): 1/2/1	200	XCT Y D	1000	200				
CENTIFICATION	Sequentially liet condit			OR AS A				710	1 V	D AL	De				
	if eny, leading to imme cause. Enter UNDERLY			•			,								İ
2	CAUSE (Disease or Injuthat Initiated events		DUE TO	OR AS A	CONSE	QUENCE O	F):								
	resulting in death) LAS	т	./												
3		-													
	PART II. Other algnifica	ant condition						ınderiy	ing cause	given in	Part I. 2	In. WAS AN		24	AWAILABLE PRIOR TO
TO CALL			-177	PER	Te	14210	~~				1	☐ YES 2	No		COMPLETION OF CAUSE OF DEATH?
															1 YES 2 NO
HI SICIAN.	25. WAS CASE REFERRED 1 EXAMINER?	TO MEDICAL	HOSPITAL:				ОТНЕ		PLACE OF I	DEATH (CA	eck only one)				
2	1 TYES 2 NO		1 Inpatient 2		etlant 3	_	4 🗆 Nu	ursing H		asidence	6 🗆 Other (S				
	27. MANNER OF DEATH	Bandle -	28a. DATE O (Month,	F INJURY Day, Year)		26b. TIM	IE OF JURY	1	INJURY AT WORK?		28d. DESCF	RIBE HOW	NJURY O	CCURED	
5	1 Natural 5 2 Accident	Pending Investigation					М	1 [YES 2	□ NO					
_	3 Suicide 6	Could not be	28e. PLACE building	OF INJURY I, atc. (Spec	— At ho	ome, farm,	street, fa	ctory, of	ffica		28f, LOCATI City or	ON (Street Town, State)	and Numbe	er or Rural	Route Number,
COMPLETED	4 Homicide	determined													
		TIFYING PHYS	ICIAN: To the best of	of my knowl	ledga, de	ath occurr	ed at the	time, de	ata and place	e, and due	to the cause	(s) and ma	nner as st	ated.	
5	one) 2 MEC	DICAL EXAMIN	ER: On the basis of	axamination	and/or	Investigation	on, in my	opinion	, death occu	ered at the	time, deta ar	d placa, a	nd due to	the cause	(a) and menner as stated.
- 1	200 MONTH AND TITLE	E OP CHATIFIE	R				_			ENSE NU			29d. DA	TE SIGNE	D (Month, Pay, Year)
	/ Mac (2	Thur	2 ms	ATT	EN	DIN	G		Di	240	793		•	9/	28/90
-	MARK PA	R KHV		73	OS	M 27) (Type BAL	T A	VE	#10	7	cou	EGE	= PA	RIC	MD 20740
	31. DATE FILED (Month, Day,	Year)	2. REGISTS	AR'S EIGH	ATURE										
- 1	OCT 0 4 '90	9	Lines mande	man - Alm	- for - con-	-									

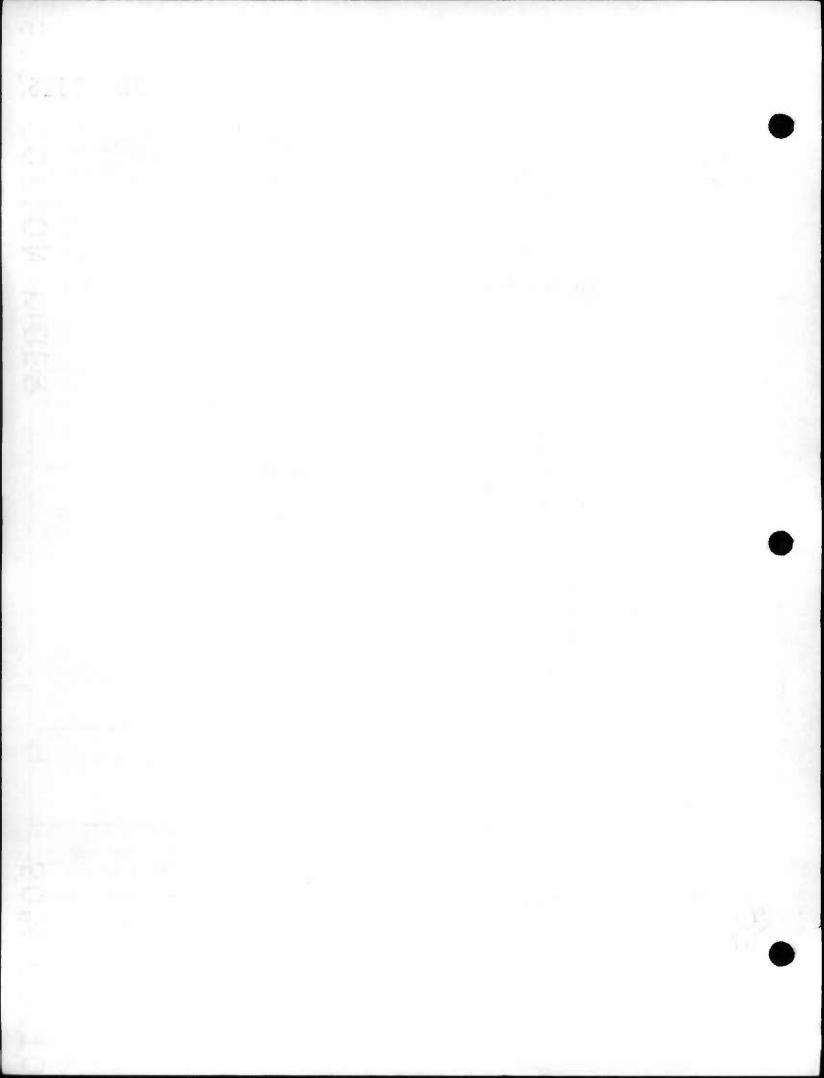


	1 - STATE REGISTRAR	STATE OF MARYLAN		TOF HEALTH AND	REG. NO.		90 2862
	1. DÉCEDENT'S NAME (First, Middle, Last) 4. SOCIAL SECURITY NUMBER 577-24-2649	-up		Benedetti. ER 1 YEAR IF UNDER 24 HRS. I DAY ROURS MIN.	2. DATE OF GEATH MONATH 7. DATE OF BIRTH (Mogth Day, Year)	7/10	3. TIME OF DEATH 9. OPP IRTHPLACE (State or Foreign ountry) ashington DC
HO.	90. FACILITY NAME (If not Institution, give at 7734 Washington			ty, town or location of or Lkridge	EATH	9c. COUNTY C	
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE Maryland 100. COUNTY	Howard (10c. CITY, TOW				10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ▼ NO
FUNERAL	100. STREET AND NUMBER	- lillage 7	734 Ro	Of Company		10g. CITIZEN	U.S.A.
B	11. MARITAL STATUS 1 Never Married 2 XMarried 3 Widowed 4 Journeed	12. WAS DÉCEDENT EVER IN U FORCES? 1 TYS IF YES, GIVE WAR OR CATE	2 NO	3. WAS DECENDENT OF HISPAI If yes, specify Cuben, Mexice 1 YES 2 NO Specif	n, Puerto Rican, etc.)		RACE — American Indien, Black, White, etc. Specify: JCASIAN
once. COMPLETED	15. DECEOENT'S EOUC (Specify only highest grade Elementary/Secondary (0-12)	Cation or 5+) I/A	Se. OECEOENT'S USUAL (Give kind of work do life. Do NOT use retired	ne during most of working	Washingto	INESS/INOUSTR	
M M	17. FATHER'S NAME (First, Middle, Last) Frank Benedet				Me (First, Middle, Melden S Maria Se	egris	
be notified TO BI	190. INFORMANT'S NAME (Type/Print) Evelyn Benedetti			ESS (Street and Number or Rural Llis St. Capi			
ai examiner must	1 M Burlei 2 Cremetion 3 Remed 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE 23. PART I. Enter the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control of the diseases, of control	Bales)		In Cemetery 2 NAME AND ADDRESS OF FA 5633 Old Alex	ander Ferry	eral Ho 7 Rd Cl	Maryland Ome, Inc. Linton, Md 207
njury, or other traumatic event, the medical	shock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR AS A COULT TO (OR A	ONSEQUENCE OF):	helite	no Us	eas	Intarval Between Onset and Deatl
hows any inju	PART II. Other significant condition	a contributing to death but	not resulting in the	underlying ceuse given in	Part I. 24a, WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO
1 S	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 DIO	HOSPITAL: 1 Inpatient 2 ER/Outpat	lent 3 DOA 4 D	28. PLACE OF DEATH (C)			· · · · · · · · · · · · · · · · · · ·
marked, or BY PHYS	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	29c. INJURY AT WORK? 1 YES 2 NO	284. OEŞCRIBE HOW II	JURY OCCURE	60
	3 Suicide a Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, atc. (Specify	At home, farm, street,	actory, office	28f. LOCATION (Street e City or Town, State)	nd Number or A	ural Route Number,
COMPLETED	one) 2 MEDICAL EXAMINE	CIAN: To the best of my knowled R: On the control of examination is					use(e) and manner ea stated.
TO BE COM	296. SIGNATURE AND TITLE OF CERTIFIES	anon0	н (1 уём 27) (Туре, Fjrint)	29c. LICENSE NU	MBER 7	▶ G	26 9
/	31. DATE FILEO (MATIN DOWN THE	32 PREGISTEMEN'S SIGNAT JUNE DEVICEORY	Hondell	A AR	210	795	
	742	10					OHMH-16 Rev

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
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	1. DECEDENT'S NAME (First, Middle, Last) Thomas K. I	Rollenberg	CERTIFICA		4.7	2. DATE OF DEATH MONTH DA	Y YE	
1	4. SOCIAL SECURITY NUMBER 379-36-1804		(in yrs. last birthday) IF U	THE DAYE	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12-15-39	0. E	BIRTHPLACE (State or For Country) Mich.
DIRECTOR	9a. FACILITY NAME (If not institution, give in the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of	ARY LAND A	JesPNAL		R LOCATION OF DE	ATH	ec. COUNTY	OP DEATH
AL DIR	Md. 10e. STREET AND NUMBER	P.G.		inton	ZIP CODE		10g. CITIZEN	LIMITS? 1 YES 2 YES OF WHAT COUNTRY?
FUNER	11500 Glissade I				20735			SA
B	11. MARITAL STATUS 1 ☐ Never Married ② Married 3 ☐ Widowed 4 ☐ Divorced	12. WAS DECEDENT EVER II FORCES? *** YES IF YES, GIVE WAR OR D	2 NO	If yes, sp		IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	3	RACE — American India Black, White, etc. Specify: White
ETED	15. DECEDENT'S EDU (Specify only highest grade	e completed)	16a. DECEDENT'S USU. (Give kind of work of life. Do NOT use reti	tone during mo		16b, KIND OF BUS	SINESS/INDUST	RY
립	Elementary/Secondary (0-12)	College (1-4 or 5+)	Police		er	Lav	v Enfor	cement
42	17. FATHER'S NAME (First, Middle, Last)				The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	ME (First, Middle, Melden 1. Delpier	Surname)	
TO BE	Camiel Bollenbe	rq	19b. MAILING ADD	RESS (Street a	4	Route Number, City or Town	n, State, Zip Coo	io)
De not	Doris K. Bollen			as 10a		- Inches		
must	1 Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	b. PLACE OF DISPOSITIO other place)	n (Neme of cer Cremato			cation — city Linton,	
Injury, or other traumatic event, the medical	23. PART L. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions.	b. DUE TO (DR AS) c. DUE TO OR AS A d.	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF (CONSEQUENCE OF (rest	Approximinterval B Onset and			
		hosis o		live		PERFOR	RMED?	AMAILABLE PRIOR COMPLETION DF (OF DEATH?
23 shows any Ir								
2 2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		HER:	LACE OF DEATH (C)			
red, or Item 23 sh PHYSICIAN: R	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year)		HER: Nursing Horr 28c. IN.		6 Other (Specify) 28d. DE\$CRIBE HOW I	NJURY OCCUR	ED
tem 28 is marked, or item 23 sh LETED BY PHYSICIAN: A	EXAMMER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER	1 Inpetient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Spe	28b. TiME OF INJURY Y — At home, farm, stree scity)	HER; Nursing Hom 28c. INJ WC 1 t, factory, office	Ne 5 Reeldence	Other (Specify) 28d. DESCRIBE HOW I 28f. LOCATION (Street City or Town, State)	and Number or I	
marked, or Item 23 sh BY PHYSICIAN: A	EXAMNER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 6 Could not be determined 29a. CERTIFIER (Check only 1 CERTIFYING PHYS)	1 Inpetient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Spe SICIAN: To the best of my know IER: On the besis of examination	28b. TIME OF RIJURY Y — At home, farm, stree wiedge, death occurred at	THER: Nursing Hom 28c. IN, M 1 1 t, factory, office	NO 5 Residence PURY AT PIK? YES 2 NO PO and place, and due	8 Other (Specify) 28d. DESCRIBE HOW (Street City or Town, State) to the cause(s) and main time, date and place, and	and Number or i	Rural Floute Number,



Ne		FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			IENTAL	HYGIENE REG. NO.	90 28627
	5	1. DECEDENT'S NAME (First, Middle, Last) OSCAR -4. SOCIAL SECURITY NUMBER	Bull		INDER 1 YEAR	IF UNDER 24 HRS.	2. DATE OF MONTH	DAY 2 9	year 5 27 Pm b. Birthplace (State or Foreign
2, 3 should	BO	218-09-6025 90. FACILITY NAME (If not institution, give si SOUTHERN MY	treet and number)	2 YRS. MON 9b.		DR LOCATION OF DEA	тн	10 1647) 97 9c. COUNT	Youngstown Ohio
permit. Pages 1,	. DIRECTOR	-	ce George's	1000	wn or locat nton	733-02			10d. INSIDE CITY LIMITS? 1 YES 2 NO
Jeit	FUNERAL	100. STREET AND NUMBER 9211 Stewart		ngton Mano		20735		U.S.	
03-3146 attending physician. se as the burial-transit	B	11. MARITAL STATUS 1. Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 1 YES IF YES, GIVE WAR OR DA		If yes, sp	CENDENT OF HISPANI ecity, Cuben, Maxican 2 (Z)NO Specify:	, Puerto Ric	cen, atc.)	4. RACE — American Indian, Black, White, etc. Caucasian
2120 ital or att d for use	once.	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (6-13) UNKNOWN	Completed)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret Traff	done durina ma	ost of working		ing of Business/INDU Fruck Line ter Expres	
MARYLAND 2 be retained by the hospital ie 5 should be detached for	7	17. FATHER'S NAME (First, Middle, Lest) Thomas H.	Bulla			18. MOTHER'S NAM Abigale		ddle, Malden Surname) L. Shepar	:d
MARY retained 5 should	5	190. INFORMANT'S NAME (Type/Print) John M. Bulla						r, City or Town, State, Zip C n Burnie, M	
ORE, P 6 may be ctor, page	must be	20a. METHOD OF DISPOSITION 1	oval from State	Lee's Cre	N (Name of cer	metery, crematory or		20c. LOCATION — CI	
BALTIMORE, I ter death. Page 6 may be the funeral director, page wal.	examiner	21. SIGNATURE OF FUNEBAL SERVICE LIC	2/14	3	22. NAME AI	ND ADDRESS OF FAC		ee Funeral	Home, Inc. Clinton, Md
24 hours aft filled in by tion, or remo	event, the medical	23. PART I. Enter the diseases, or shock, or heert fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Myocus		1	oda of dying, such		ec or respiratory arrec	et, Approximate Interval Between Onset and Daath
1314 executed and com to burial,		Sequentially list conditions, if eny, leading to immediate	b	CONSEQUENCE OF):					
P.O. BOX eath certificate be attending physiciar rtal Hygiene prior	ry, or other traumatic	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in daeth) LAST	cDUE TO (OR AS A	CONSEQUENCE OF):					
CORDS, uires that the d signed by the Health and Mer	3 .	PART II. Other significant condition	a contributing to death b	ut not reaulting in t	e undarlyin	g ceuse given in I		24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
as as	Item 23 s	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Lon		LACE OF DEATH (Che	ck only one)		
OF VITAL PHYSICIAN: The la this certificate has with the State De	d, or lite	1 VES 2 NO 27. MANNER OF DEATH	1 Inputient 2 ER/Outp	28b. TIME OF	28c. IN.	JURY AT		(Specify)	JRED
	BY	1 Natural 5 Pending 2 Accident Investigation 3 Suicide & Could not be	(Month, Day, Year) 28e. PLACE OF INJURY	/ — Al home, farm, stree	M 1 🗆	ORK? YES 2 NO	281. LOCAT	TION (Street end Number o	or Rural Route Number,
STOR:	m 28 is ETED	4 Homicide delarmined	building, etc. (Spec	olfy)			City or	Town, State)	
4 4 N	ANT: If Item 2 COMPLET	(Oriock Oray	ICIAN: To the best of my know ER: On the bests of examination						d. cause(a) and manner as stated.
THE HOST THE FUR	POR BE	29b. SIGNATURE AND TITLE OF CENTIFIE	R			29c. LICENSE NUM	6 4	29d. DATE	SIGNED (Month, Day, Year)
(2)	₹ 2	30. NAME AND ADDRESS OF PERSON WITH	O S TAAN	ATH (ITEM 27) (Type, Prin	> 5	264	m	nd.	20746
W	14	31. DATE FILED (Mogth Day, Year)	1 32. REGISTRAR'S SIGN	ATURE		//	<u> </u>	<u> </u>	

TOTAL ALL

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ling phy	the bur	
or attend	use as	
hospital	iched for	.00
by the	1 be det	at on
retained	5 should	notified
may be	or, page	ust be
Page 6	al direct	mer m
er death.	the funer	exam
nours aft	d in by	medica
ING PHYSICIAN: The law requires that the death certificate be executed within 24-nours after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be start burial burians bridge to burial, cremation, or removal.	marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ecuted w	nd comp burfal, cr	rtic eve
te be ex	sician a	traum
certifica	Iding phy Hydlene	r other
he death	the atten Mental	njury, o
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w requir	been signature of He	S show
N: The la	State De	Item 2
HYSICIA	his certifi	ed, or
NDING P	4 6	Is mari
OR ATTE	DIRECTOR	PORTANT: If Item 28 Is
SPITAL	NERAL I	NT: If I
D THE HC	TO THE FUNERAL DIRECTOR: After he filed within 72 hours after death	MPORTA
F	F 2	=

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

1 - STATE REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Lest) HENRY E	DWARD	BOSIC			2. DATE OF DEATH DO OCt. 04.		YEAR 3. T	ME OF DEATH
4. SOCIAL SECURITY NUMBER 215–18–3804	S. SEX S. AG	E (In yrs. lest birthday)	IF UNDER 1 YEAR ONTHE DAYS	F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 07/03/11	1	Country)	8:15PM E (State or Foreign T.VANTA
9a. FACILITY NAME (If not institution, give MERIDIAN NURSING			FREDER	R LOCATION OF DI		9c. COUNT	OERTCK	
RESIDENCE OF DECEDENT 108, STATE 106, COUNT FR	EDERICK		TOWN DR LOCAT WINDSOF				10d	. INSIDE CITY LIMITS?
15618 BARNES RD.			101	ZIP CODE 217	76	10g. CITIZI	U.S.	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed W 4 Divorced	12. WAS DECEDENT EVER FDRCES? 1 YE	S 2 ND	If yes, sp		NIC ORIGIN? (Specify Yea in, Puerto Rican, etc.) y:	or No—	Black, Wh Specie: WHIT	merican Indian, ite, atc.
15. DECEDENT'S EDI (Specify only highest grad		16a. DECEDENT'S U (Give kind of wo	SUAL OCCUPATION rk done during mo retired.)	N st of working	16b. KIND OF BUS	SINESS/INDU	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	MECHANIC			AUTO	MOBIL	Æ	
17. FATHER'S NAME (First, Middle, Lest) FRANK BOSIC				4 a 1011	ME (First, Middle, Melden OCEPIC	Sumame)		
19a. INFORMANT'S NAME (Type/Print) DONALD H. BOSIC					Route Number, City or Tow ATTHERSBURG		Code) MD	20877
20s. METHOD OF DISPOSITION BUT 1 Burlel 2 Cremation 3 Rer 4 Donation 5 Other (Specify)	NAL novel from State	20b. PLACE OF DISPOSI ST. PETER	TION (Name of cer	neters cremetory or	20c. LO	CATION — C	TOWN .	State
21. SIGNATURE OF FUNERAL SERVICE L	ICENSES W	blen		ID ADDRESS OF FA	CYTOWN, MD	HARTZ	LER &	SONS
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c	S A CONSEQUENCE OF) S A CONSEQUENCE OF)		0/00	Conec	1400	9 9	2 470
PART II. Other significant condition	d	h but not resulting in	the underlyin	g cause given in	Part I. 24a. WAS AN PERFOI	RMED?	AMA COI OF	RE AUTOPSY FINDS ILABLE PRIOR TO MPLETION DF CAUS DEATH?] YES 2 \(\) NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		QTHER:	ACE OF DEATH (C				
27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpatient 2 ER/C	RY 28b. TIME	OF 28c. IN.	URY AT HORIZON PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRICE TO THE PRI	6 ☐ Other (Specify) 28d, DESCRIBE HOW	INJURY OCC	URED	
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28a, PLACE OF INJI	URY — At home, farm, st Specify)	reet, fectory, offic	•	28f. LOCATION (Street City or Town, State)	and Number o	or Rural Route	Number,
and a	SICIAN: To the best of my to							f menner se state
296. SIGNATURE AND TITLE OF CERTIFI	ER			29c. LICENSE NU				nth, Day, Year)
RS	2	4 440		12146	26	1	10/5	190
30. NAME AND ADDRESS OF PERSON W	USCH 5	DEATH (ITEM 27) (Type, I G/ IGNATURE DAWN CLOCK - RANK	Print) Secre		Fre	lone	6 100	12170

mit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21203-3146

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			_,,,,,,	CALE	01 1	<u> </u>			EG. NO.			
I	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF D	DEATH		YEAR	3. TIME OF DEATH
i	MARY REGINA BR	OOKS						1	MONTH 10		n		E-20 = M
	4. SOCIAL SECURITY NUMBER		S. AGE (In yrs. les	st birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DATE OF B		U	90 8. BIRTH	IPLACE (State or Foreign
1	000 16 5-00	1 🗆 M 2 🖵 F		YRS.		_	HOURS	MIN.	(Month, Day	r, Year)		Countr	
ĺ	220 16 5733	X	7()					1-23	1920			ına.
	9a. FACILITY NAME (If not institution, give s	treet and number)		- 1	9b. CITY, T	OWN OR	LOCATIO	ON OF DEA	TH	`	9c. COU	NTY OF D	EATH
FUNERAL DIRECTOR	SACRED HEART HO	SPITAL.			CTIM	DEDI	AND				ALL	EGAN	Y
5	RESIDENCE OF DECEDENT												
	10e. STATE 10b. COUNTY	1		10c. CIT	r, TOWN OR	LOCATIO	NC						10d. INSIDE CITY LIMITS?
5	West Va. Hard	y		Mo	oref	iel	ld						1 X YES 2 NO
ا ب	10e. STREET AND NUMBER					101.	ZIP CODI	E			10g. CIT	IZEN OF V	VHAT COUNTRY?
2	12 Allegany C	troot				2	683	6				US	Δ
빌	13 Allegany S												
2	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT	YES 2	NO					C ORIGIN? (S _i , Puerto Ricar		or No —	14. RACE Black	E — American Indien, k, White, etc.
BY	X3X 2Widowed 4 Divorced	IF YES, GIVE WAI	R OR DATES					Specify:				Speci	lly: Dlagle
	79X P Wildowed 4 Divolced	<u> </u>									l	<u> </u>	" Black
8	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. Di	ECEDENT'S	USUAL OCC	CUPATION	t of working	200		D OF BUS			
<u>. </u>	Elementery/Secondery (0-12)	College (1-4 or 5+)	iii	. Do NOT us	vork done du e retired.)	ang moor	or worker		Gar	finl	cel'	s D	ept.
Z	12		Sa	lesp	erso	n			Sto	re			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NAM	IE (First, Middl	a Mairian :	Sumamal		
_	John E. Smith							у Јо		o, marcon .	30		
#								-					
0	19e. INFORMANT'S NAME (Type/Print)								oute Number, C				
-	Mrs. Florence	Davis	2	20 F	'ulto	n S	St.	Cumb	perla	nd, I	Md.	215	02
-1	20s. METNOO OF DISPOSITION 1 △ Buriel 2 □ Cremation 3 □ Rem		20b. PLACE	OF DISPOS	SITION (Nem	e of cem	etery, cren	natory or		20c. LO	CATION -	Cify or To	own, State
- 1	1. S Buriel 2 Cremation 3 Rem	oval from State	WOOC	‰ llawr	n Cem	nete	277			Cum	hor	land	,Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIE	CENSEE	1 11000	110,111				SS OF FAC	# ITY	Cum	DEI.	Tano	, mary rand
	-> 1				Le	easi	ire-	-Ste	in.In	C.	230	Ba 1	timore Av.
	> Errect a. 1	Rule, M	,						d. 21				CIMOIC IIV.
	23. PART I. Entsr tha diseases, or	complications that	caused the d	asth Do r							ratory ar	rest.	Approximata
- 1	shock, or heart fallure.				iot airiair ti	1100	a or ay	mg, saoi	33 03 010	от тозрі	atory an	· out,	Intarval Between
- 1	IMMEDIATE CAUSE (Final					,	,						Onset and Death
	disasse or condition resulting in death)	- Kons	220116	KI	(RS)	RI	nc	0	af c	0(1		OL	21PM
	readiting in death)	DUE TO (OR AS A CONSE	OUENCE O	F):							-	(
- 1		Rosl	1.06		0-	2 . N	Our.		1.04	0			
<u> 5</u>	Sequantially list conditions,	DUE TO	OR AS A CONSE	OUENCE O	D:		ULL	R	Wes	<u> </u>			1
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ੂ	CAUSE (Disease or injury	C. OHE TO (OR AS A CONSE	OTHERICE OF	D. V	eus		CV	0,	2 3 4 4	un	000	
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EH CH	resulting in duality EAS!												
O		d											
_	PART ii Other significant condition	d.	leath but not	resulting	In the und	tertvino	Causa	olven in E	Part I 24	WAGAN	VSGUTTA	241	WEDE ALITOPSY FINDINGS
_	PART II. Other significant condition	d				larlying	cause	given in F	Part I. 24	. WAS AN		240	D. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
_	PART II. Other significant condition	d.		resulting		larlying	Cause C	given in F			MED?	241	
EDICAL	PART II. Other significant condition	d to d				derlying	l C	given in F		PERFOR	MED?	248	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
MEDICAL	PART II. Other significant condition	d				darlying	l cause	given in F		PERFOR	MED?	248	AVAILABLE PRIOR TO COMPLETION DF CAUSE
MEDICAL	- Rice	d				el	2 C	2	1	PERFOR	MED?	248	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
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OCT 11 1990

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	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE O				3. TIME OF DEATH
	MATTHE	EW W.	BROW	IN					MONTH 9	20		90	8 29 pm
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. las	7	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF		-	a, BIRT	HPLACE (State or Foreign
4	240-24-6256	1 M 2 - F	74	YRS.	MONTHS	DAYS	HOURS	MIN.		Day, Year)	4	Coun	th Carolina
HECHONO.	9a. FACILITY NAME (If not institution, give st	treat and number)			Sh CITY	TOWN (R LOCATI	ON OF DE		11116	_	INTY OF I	
ŝ	Children and Children and Children		la House	-~				01 01 02	-2111				
2	Greater Laure	REILZAIL	e Hosp	1114	-	AUR	EL				FFI	nce	George
2	10s. STATE 10b. COUNTY	,		10c, CIT	r, TOWN C	R LOCAT	ION						10d. INSIDE CITY
5	N.C. Dir	plin			IN		A A	DIA	,				10d. INSIDE CITY IMITS? 1 YES 2 NO
	10e. STREET AND NUMBER	Pilli			- / (ZIP COD				1 40- 017	PIZEN OF	WNAT COUNTRY?
	RT 1 Box 24	-0					200	_	1				
TUNERAL					_		0						i States
	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AF	NO					NIC ORIGIN? In, Puerto Ric		or No-	14. RAC Blac	E — American Indian, ik, White, atc.
5	3 Widowed 4 Divorced	IF YES, GIVE V	MR OR DATES			1 TYES	2 NO	Specif	y:			Spec	white
	46 DECEDENTIA FOR	1	10.0		1								while
	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(6	CEDENT'S live kind of v . Do NOT us	vork done	during mo	ON at of world	ing	166. 1	CIND OF BU	SINESS/IN	DUSTRY	
COMPLEIED	Elementary/Secondery (0-12)	College (1-4 or 5	+) ""	Barb					D-	rber	Shor	`	
E	/	0		Daib	eı)	
3	17. FATHER'S NAME (First, Middle, Last)						18. MOT		ME (First, Mi				
20	William Van Brow	[]							is Bat				
	19e. INFORMANT'S NAME (Type/Print)								Route Numbe				
-	Evelyn Brown			₹t.1	Rox	258,	Chi	nqua	apin,	N.C.	285	21	
	20 METHOD OF DISPOSITION		20b. PLACE	OF DISPOS	SITION (M	me of ce	metery, crei	matory or	_	20c. LC	CATION -	- City or T	own, State
	1 DBurial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	_ other p	h Br	own	Ceme	etery	/		CI	ningu	uapir	n, N.C.
	21. SUPPLATURE OF FUNERAL SERVICE LIC	CENSGE							veilmy A Hon			-	
4	1000	(/ '	1									
	N XX	-11-	Lac	-le		7601	Sar	ndy S	Spring	g Rd.	Laur	^el,	MD 20707
	23. PART I. Enter the diseases, or on abook, or heart failure. IMMEDIATE CAUSE (Fine) disease or condition resulting in death)		ise on each line	b.									Approximate Interval Between Onset and Death
		DUE TO	(OR AS A CONSE	OUENCE O	F):	^	4		, \	×			
z		Arte	~105cl	1407	tieC.	an	diova	NOV	lart	DISE	'QUE		years
CERTIFICATION	Sequantielly list conditiona, if any, leeding to immediate	DUE TO	(OR AS A CONSE	OUENCE O	F):			•					
5	cause. Enter UNDERLYING CAUSE (Disease or Injury	c											
Ē	that initiated events	DUE TO	(OR AS A CONSE	QUENCE O	F):								
-	reaulting in death) LAST	d.											
	04 PT 11 O11												_ 1
CAL	PART II. Other algnificant condition	a contributing to	death but not	reaulting	in the u	nderlyin	g cause	given in	Part I.	24a. WAS AP PERFO	NAUTOPSY	24	b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
3			_							1 TYES			COMPLETION OF CAUSE OF DEATH?
MEDI													1 YES 2 NO
- 1									_				
3	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF	DEATH (C	heck only one)			
2	EXAMINER? VES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHE 4 Nu		ne 5 🗆 R	lesidence	8 🗆 Other	(Specify)			
PHISICIAN	27. MANNER OF DEATH	28a. DATE OI	INJURY	28b. TIM	E OF	28c. IN.	JURY AT	1	1	RIBE HOW	INJURY O	CCURED	
	1 Natural 5 Pending	(Month,)	A Year)	IN.	JURY M		ORK? YES 2	□ NO					
2	2 Accident Investigation 3 Suicide & Could not be		F INJURY — At h	ome, farm,	street, fec	tory, offic	:0		281, LOCA	TION (Street	and Numb	er or Rurai	Route Number,
3	4 Homicide 8 Could not be	building	etc. (Specify)						City o	r Town, State)		
4	29e. CERTIFIER	3									_		
COMPLEIE	(Check only	ICIAN: To the bast o											
5	2 MEDICAL EXAMINI	ER: On the basis of	examination end/or	Investigation	on, in my	opinion,	death occu	ared at the	e time, date e	end place, e	nd due to	the cause	(e) end manner se stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	R A DE	nute the	ader	00		29c. LIC	ENSE NU	MBER		29d. D/	TE SIGNE	D (Month, Day, Year)
Z L	Chandan Willey	hy &	N G Mal				2	01	852		1	7-	29-90
		- (V -1 11 -					_			1	-	, , –
2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAL	SE OF DEATH (IT	EM 27) (Type	, Print)						-	, ,	9
0	Dala Nall	REM.	SE OF DEATH (IT)	3 6) L	i, Print) I CC V	16	UH	Rel	Hue	1775	ville	e M	10 2078/
2	Dala Nall	REM.	SE OF DEATH (ITI		i, Print) I CC V	116	vry	Rel	Hya	17	ville	e M	10 2078/

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3146, BALTIMORE, MARYLAND 21203-3146	scuted within 24 nours after death. Page 6 may be retained by the hospital or attending physiciar	nd completely filled in by the funeral director, page 5 should be detached for use as the burial-tra- burial, cremation, or removal.	itic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-yours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremotal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

- 1	TIEGIOTTITAT								HEG. NO.			
- 1	1. OECEOENT'S NAME (First, Middle, Last)			10.1					2. DATE OF DEATH		WEAR	3. TIME OF DEATH
- 1	Marsha.	ll L. Bi	se						OCT. 7,	19	90"	5 а. м
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs.	iast birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		s. BIRTH	PLACE (State or Foreign
	230 24 3739	1 🕅 M 2 🗆 F	62	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 5≠17/19	20	W . V	
	9e. FACILITY NAME (If not institution, give s		02									
~		,			9b. CITY, T						NTY OF DE	
0	Meridian Rand	allstow	n		Rar	nda	IIs:	town	1]	Balt	0.
2	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT			40. 077	Y, TOWN OR	10017	101					10d. INSIDE CITY
2												LIMITS?
	Md Cari	2011		Syl	Kesvi							1 YES X NO
A						101	. ZIP COD			10g. CIT	IZEN OF W	HAT COUNTRY?
H	6510 Dearest	Lane					217	84		1	JSA	
BY FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S.	ARMED	13. W	AS OEC	ENOENT (OF HISPAN	IC ORIGIN? (Specify Yes	or No-	14. RACE	- American Indian, White, atc.
4	1 Never Merried 2 X Married	FORCES? 1 (YES 2	∐ NO	1 (yes, sp	XX NO	in, Maxicai Specify	n, Puarto Rican, atc.)		Whi	7.750 12.750
	3 Wildowed 4 Divorced										WUI	te
	15. DECEDENT'S EDU (Specify only highest grade		18a.	DECEDENT'S	USUAL OCC	CUPATIO	ON est of words	200	16b. KIND OF BUS	INESS/INI	DUSTRY	
ᇤ	Elementary/Secondary (0-12)	College (1-4 or 5+)		Ille. Do NOT u	se retired.)	ang mo	St Dr WORM	9				
립	8	==			Welde	ar			Wester	n E	lect	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						16. MOT	HER'S NA	ME (First, Middle, Maiden	Surname)		
0	Unk.							T.	Ink.			
띪	19a. INFORMANT'S NAME (Type/Print)			19b. MAIL INC	ADDRESS /	(Street s	and Numbe	r or Burnt F	Toute Number, City or Tow	n State 7	n-Certisi	
2				6F10	Dean	100000	4 T	0 110/0/7	Carle	ZT	784 Ma	
	Donna Clas			ACE OF OISPO					Sykesvi		City or To	
	20s. METHOO OF DISPOSITION 1 District 2 Cremation 3 Rem	noval from Stata	20b. PLA	ake V	SITION (Nam	e of cer	netery, crer	natory or				vn, Stata , Md.
	【 □ Donation 5 □ Other (Specify)		ى ل	ike v	rew r	меш	1. P	ark				
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE)			22. N	AME A	ND ADDRE	SS OF FA	Haight	Eu	nera	1 Home
	1 76m 411	Think	L		Bo	XC	195	Syk	esville,	Md	. 21	784
	23. PART i. Entar the diseases, Dr	complication (that	caused the	death Do	ont enter t	he me	de of du	ing evol	h an condition or record	rother or		Approximata
- 1	shock, or heart fallure.	List only one cour	se on aech	iine.	indit airtair t	ma mo	ua Di uy	mg, suc	i aa cardiac oi reapi	ratory ar	1001,	intervai Between
	IMMEDIATE CAUSE (Finel		- /	1 .		1	10	. /	7			Onset and Death
	disease or condition resulting in death)		uch	כאכז	9		CE	K	ever			
	,	DUE TO	OR AS A COL	SEQUENCE O	F):		6	2.6	1			
z		b. He	200	ores	rel	7	110	cer	cere			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO	OR AS A CON	SEQUENCE O	F):	6						
S	ceuse. Enter UNDERLYING CAUSE (Disease or injury	C.										
Ī	that initiated events	DUE TO	OR AS A CON	SEQUENCE O	F):							
R	resulting in death) LAST	d										
2												
A	PART ii. Other significant condition				in the und	deriyin	g cause	given in	Part i. 24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
2	España	real -	van	uces					4 T VEO	□ NO		COMPLETION OF CAUSE
-									1 TYES 2	140		OF DEATH?
0									1 1E5 2			OF DEATH? 1 ☐ YES 2 ☐ NO
I: MEDICAL									1 1 1 1 1 1 1 1			OF DEATH? 1 YES 2 NO
AN: MED	25. WAS CASE REFERRED TO MEDICAL					26. PI	LACE OF I	DEATH (Ch				
ICIAN: MED	EXAMINER?	HOSPITAL:			OTHER	:			eck only one)			
IYSICIAN: MED	EXAMINER? 1 YES 2 NO	HOSPITAL:		_	4 Nursi	: Ing Hon	ne 5 🗆 R		eck only one) 8 Other (Specify)			
PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF GEATH	HOSPITAL:	INJURY	28b. Tif	4 Nursi	: Ing Hon 28c. IN. W	JURY AT	esidence	eck only one)		CURED	
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TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

32 REGISTRAR'S SIGNATURE
Julia Davidson Randoll

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TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21203-3146

1 - STATE REGISTRAR	STATE OF MA		ERTIFI			DEATH		REG. NO.			1 2863
1. DECEDENT'S NAME (First, Middle, Last)	-			O, (, L	<u> </u>	JE/MIN	2. DATE	OF DEATH			. TIME OF DEATH
Delma Penning	ton Best						Octo	ber 3,	1990	YEAR	2:20 AM M
4. SOCIAL SECURITY NUMBER	5. SEX	S. AGE (In yrs.	lest birthday)	IF UNDER 1		IF UNDER 24 HRS.	7. DATE	OF BIRTH		6. BIRTHPL	ACE (State or Foreign
578-05-8142	1 ☐ M 2 💢 F	82	YRS.	MONTHS	DAYS	HOURS MIN.			908	Penn	sylvania
9a. FACILITY NAME (If not institution, give stre	et and number)			9b. CITY,	TOWN OF	LOCATION OF DE	ATH		9c. COUN	ITY OF DEA	тн
Suburban Hospita	1				1	Bethesda	l		Mo	ntgom	ery
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			140,0170	, TOWN OF		***					
			10c. C111			12-					Od. INSIDE CITY LIMITS?
Maryland Montg	omery			Be	the	ZIP CODE		1	40 - 0171		YES 2 X NO
E10100EE100474 THEFT					107.						AT COUNTRY?
7401 Westlake Te	12. WAS DECEDENT	EVEO IN ILO	101150	40.99	# 0 PF05	20817		0.00			tates
1 Never Merried 2 Married	FORCES? 1	YES 2	NO	H	yes, spe	cify Cuban, Mexica	n, Puerto f		or 140-	Black,	- American Indian, Whita, atc.
3 Widowed 4 Divorced	IF YES, GIVE WA	H OH DATES		'	☐ YES	2 🔀 NO Specifi	y:		_	Specify:	White
15. DECEDENT'S EDUCA		18e.	DECEDENT'S	USUAL OC	CUPATIO	N	16b.	KIND OF BUS	INESS/IND	USTRY	
(Specify only highest grade of Elemantary/Secondary (0-12)	College (1-4 or 5 +)		(Give kind of w life. Do NOT us	ont done di e retired.)	uring mos	t of working		U.S. &	Cou	nty	
12		Pu	blic I	Healt	h 0:	fficial		Gover	nmen	t	
17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	ME (First, I	Middle, Maiden S	Sumame)		
Harry Hayes Penn	ington					Sara C	gles	by			
19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street en	d Number or Rural	Route Numl	per, City or Town	State, Zip	Code)	
Robert H. Best			7401 1	Westl	ake	Terrace	, Be	thesda	, Ma	rylan	d 20817
20a. METHOD OF DISPOSITION 1 To Buriel 2 ☐ Cremation 3 ☐ Remove	val from State	20b. PLAC	E OF DISPOS	ITION (Nan	ne of cem	etery, crematory or		20c. LOC	ATION —	City or Tow	n, Stata
4 Donation 5 Other (Specify)	THE TOTAL STATE			Memo	ria.	l Park		Rock	vill	e, Ma	ryland
21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE			Rob	ert	ADDRESS OF FA	ohrev	Funer	al H	ome/	
Nahmy.	Farra	4	M00198	Be 755	the	sda-Chev isconsin	y Ch	ase, I	nc. esda	.MD 2	0814-3501
Sequentially list conditions, if sny, leading to immediate cause, Enter UNDERLYING	Seps	e on aech li	SEQUENCE OF	iet:	CUL	Deury .					Approximate interval Batween Onset and Deeth
CAUSE (Disease or Injury that initiated events							1				
resulting in death) LAST		OR AS A CON									
PART II. Other significant conditions					darlying	cause given in	Part I.	24a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
d.						cause given in	_	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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32. REGISTRAR'S SIGNATURE
Julia Savidson Randelle

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mouns after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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BALTIMORE, MARYLAND 21203-3146

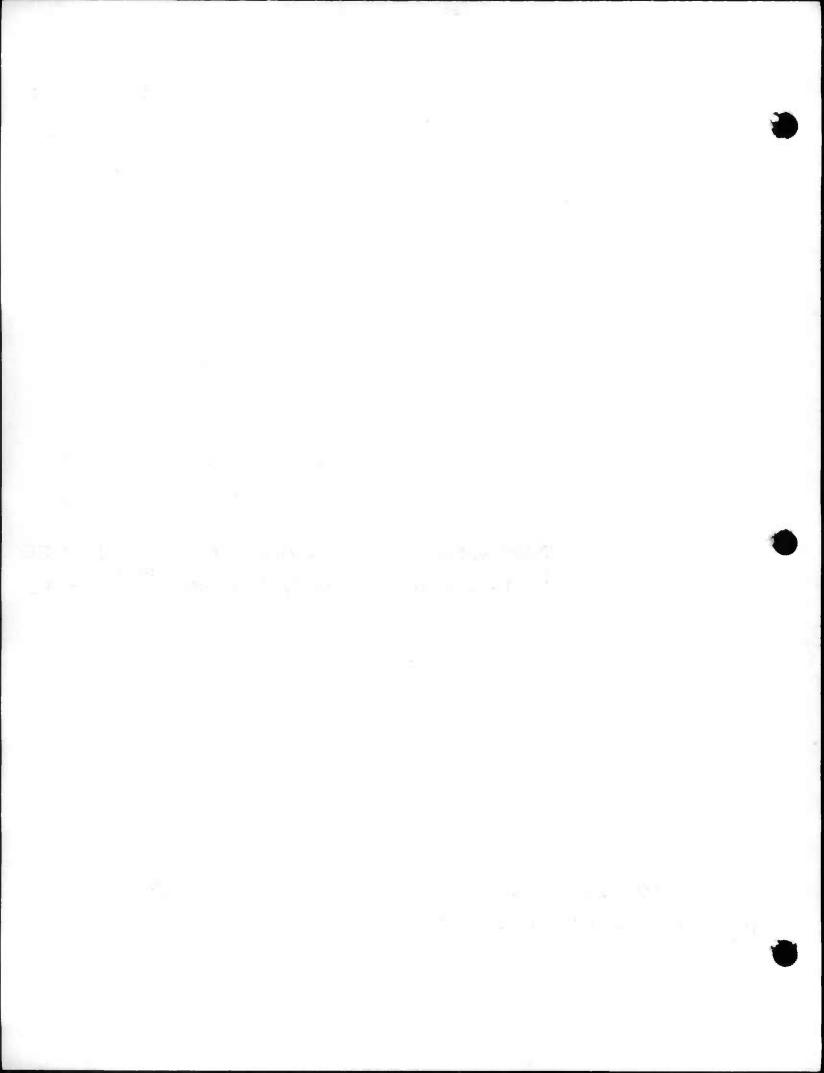
the medical examiner must be notified at once.

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crem	IMPORTANT: If Item 28 Is marked, or Item 23 shows any Injury, or other traumatic event,
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	FOR STATE REGISTRAR		STATE OF N	MARYLAN	D / DEPA CERTIF	RTMEN FICAT	T OF	HEALTH AND I		YGIEN EG. NO.		90	28631
	1. DECEDENT'S NAME (First, Patrici		e Bromley						2. DATE OF D MONTH October	DA	1990	YEAR	. TIME OF DEATH 4:30 P. M
	4. SOCIAL SECURITY NUMB 053-26-735		5. SEX 1 M 2 XF	8. AGE (In yr	rs. lest birthday, YRS.	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day, May 23	RTH Year)			ACE (State or Foreign
OR	NIH, The	Clinic						on Location of Di a, Maryla				gome	
DIRECTOR	nesidence of dec 100. STATE Maryland	Montg				theso		ATION					Od. INSIDE CITY LIMITS? VES 2 X NO
FUNERAL	100. STREET AND NUMBER 6716 Tulip	Hill	Terrace					01. ZIP CODE 20816			10g. CITIZ		AT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 X 3 Widowed 4 Divor	Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	NO	13	If yes, s	ECENDENT OF HISPAI specify Cuben, Maxica is 2 NO Specif	nn, Puerto Rican		or No—	14. RACE — Black, V Specify:	American Indian, White atc. White
COMPLETED	15. OECI (Specify only Elementary/Secondary (0	EDENT'S EDU- highest grade	CATION completed) College (1-4 or 5		e. DECEOENT' (Give kind o life. Do NOT	f work don	e durino n	TION nost of working	16b. KINI	OF BUS	SINESS/IND	USTRY	
OMPL	17. FATHER'S NAME (First, Mi		2	·	listor:	ian		18. MOTHER'S NA				Socie	ty
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5	David Alla	n Brom	ley		6716	Tul	ір Н	ill Terra		ethe	sda,	MD 2	
	20a. METHOO OF DISPOSITI 1 Burial 2 Cremetio 4 Oonetion 5 Other	n 3 🗆 Rem	ovat from State	ott	LACE OF DISP her place) aburbai			ory				or Town	, Store , Maryland
	21. SIGNATURE OF FUNERAL		CENSEE	app		1	Rapp	ANO ADORESS OF FA Funeral Gist Aver	Servic				MD 20910
	23. PART I. Enter the di shock, or he IMMEDIATE CAUSE (Fin	eert fellure.	complications the List only one cer			not ent	er the m	node of dying, aud	ch as cardiac	or reap	iratory arr	eat,	Approximate Interval Between Onset and Death
	diseese or condition resulting in deeth)	→	MET	AST I	C C	OF):	5	nday	nce	R	NIG	+05L	MONT
ATION	Sequentially list conditi If any, leading to imme- cause. Enter UNDERLY	diate	KESP DUE TO	(OR AS A CO	DISEQUENCE	OF):		inday	to tu	IMC)r	40000	week
CERTIFICATION	CAUSE (Disease or injuthat initiated events resulting in death) LAS	iry	c. OUE TO	(OR AS A CO	ONSEQUENCE	OF):							
AL	PART II. Other significa	nt condition	a contributing to	death but	not resulting	g in the	underly	ing cause given in		WAS AN PERFOR		â	/ERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
N: MEI					_	_			_			1	YES 2 NO
BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	O MEOICAL	HOSPITAL:	ER/Outpatie	ent 3 🗆 DOA	OTH 4 🗆 N	ER:	PLACE OF OEATH (Comme 5 - Reeldence		ecify)			
BY PH		Pending Investigation	28e. DATE Of (Month, i	Day, Year)	'	IME OF NJURY M	1 [NJURY AT VORK? YES 2 NO	28d. DEŞCRIE				
		Could not be determined		OF INJURY — , etc. (Specify)	At home, farm	n, street, f	actory, of	fice	26f. LOCATIO City or To	N (Street wn, State)	and Number)	or Rural Ro	ute Number,
COMPLETED	one)							ite end place, end du , death occured at the					and menner ee stated.
BE	29). SIGNATURE AND TITLE	OF CERTIFIE	Bull	l~				29c. LICENSE NU	JMBER				Worth, Day, Year)
9	30 NAME AND ADDRESS OF	F PERSON WI	O COMPLETED CAL	SE OF DEATH	H (TTEM 27) /7	ne. Print							

9000 Rockville Pike, Bethesda, Maryland 20892

FILED (Month, Day, Year)
OCT 05 '90 32 REGISTRAR'S SIGNATURE

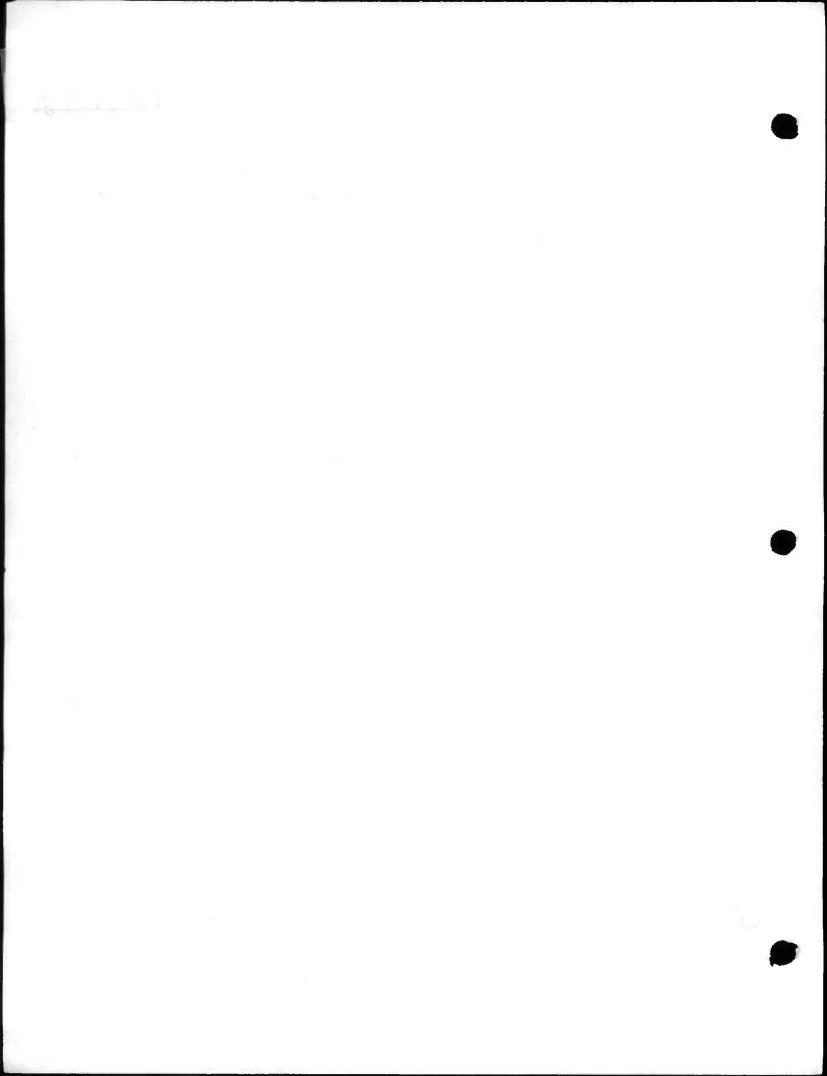


TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospit TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal. **IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	Fours after death. Page 6 may be retained by the hospit of in by the funeral director, page 5 should be detached or removal. medical examiner must be notified at once.
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31. DATE FILED (Month, Day, Year) OCT 05 90

	FOR 1 STATE	STATE OF N	MARYLAND /	DEPAR	ITMENT	OF H	EALTH	AND N	MENTAL	HYGIEN	9	0-	28635	
	1 - REGISTRAR		CE	RTIF	ICATE	OF	DEAT	<u>H</u>		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)			D -	4.7				2. DATE C	DA		EAR	TIME OF DEATH	
	<u> </u>	Bobbie	Loutha								, 199		7:00 A M	
	4, SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. las	t birthday) YRS.	IF UNDER	1 YEAR	IF UNDER	MAN		Day, Year)		Country)	ACE (State or Foreign	
	408-38-0279	1 □ M 2 kg F 66							Jan. 27, 1924			Virginia		
	9a. FACILITY NAME (If not institution, give at						R LOCATIO		The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon			OF DEAT		
o.	10921 Inwood Aven	ue, #133			Sil	ver	Spri	ng			Mont	gome	ry	
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			10c. CIT	Y, TOWN (OR LOCAT	ION		_			10	d. INSIDE CITY	
IE I	Maryland Mon	+ cromony		Si	lver	Spr	ing					1	LIMITS?	
	100. STREET AND NUMBER	tgomery		101	TACI	- 1	ZIP CODE				10g. CITIZE	N OF WHA	AT COUNTRY?	
FUNERAL	10921 Inwood Aven	#133						20	902		Unit.	ed S	tates	
Z	11. MARITAL STATUS		IT EVER IN U.S. AR	RMED	13.	WAS DEC	ENDENT O	F HISPAN	IIC ORIGIN?	(Specify Yes	4		- American Indian, Vhita, atc.	
	1 Never Married 2 Married	FORCES?	YES 2 X		- 1	If yes, sp	2 X NO	n, Maxica	n, Puerto R	can, atc.)		Black, V Specify:	Vhite, atc.	
B	3 Widowed 4 Divorced	ir ies, dive	MAN ON DATES				A	Ороси	·-			whi	te	
0	15. DECEDENT'S EDU		16a, DE	CEDENT'S	Work done	CCUPATION	ON of worlds		16b.	KIND OF BU	SINESS/INDU	STRY		
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	//fe	. Do NOT i	ise retired.)	Ourny Inc	at or workin	Ŋ						
COMPLETED	3	240	I	House	ewife)				Own H	ome_			
S	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NA	ME (First, M	iddie, Maiden	Surname)			
BEC	Chester Kane						Mi	inni	e Lee	(Una	vailat	le)		
	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILIN	G ADDRES	S (Street	nd Number	r or Rural i	Route Numb	er, City or Tow	n, State, Zip C	ode)		
2	Charles R. Bentle	y		1801	3 Ove	erwo	od Dr	ive.	, Oln	ey, M	2083	2		
	20s. METHOD OF DISPOSITION 1 ☐ Buriel 2 🗓 Cremation 3 ☐ Rem		20b. PLACE other pi	OF DISPO	OSITION (N	ame of ce	metery, crer	matory or		20c. LO	CATION — CI	ty or Town	n, State	
	4 Donation 5 Other (Specify)	OVALITOR STATE			n Crematory					Sil	ver Sp	ring	, Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	7	22. NAME AND ADDRESS OF FACILITY					CILITY	icon	D A			
	> Bleen	e(K)	app			Rapp Funeral Services, P. A. 933 Gist Avenue, Silver Spring, MD 20910						MD 20010		
	22 DADT I Enter the diseases or	933 Gist Avenue, Silver Spring, MD 20910 23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such se cerdisc or respiratory errest, Approximate											Approximete	
	shock, or heert fellure.						,					00*	Interval Between Onset end Death	
	IMMEDIATE CAUSE (Fine)	()										6	
	resulting in deeth)	e	O OR AS A CONSE	COLLENCE	ence	1							month	
		OUE II	O (On AS A GONSE	H	,								İ	
S	Sequentielly list conditione,	bDUE TO	O OR AS A CONSE	OUENCE	ク OF):									
ERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING													
유	CAUSE (Diseese or injury that initiated events	C DUE TO	O (OR AS A CONSE	OUENCE	OF):									
툳	resulting in deeth) LAST													
빙		u							Line I		Milesen.	1	1	
4	PART II. Other significent condition	ne contributing t	o deeth but not	reculting	g in the u	inderlyli	ig ceuse	given in	Part I.	24a. WAS AI PERFO	RMED?	1	WERE AUTOPSY FINDINGS	
1 8	emplesema	/							—	1 TYES	2 XNO		COMPLETION OF CAUSE OF DEATH?	
¥												1	YES 2 NO	
Ë					_									
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			- CTUE		LACE OF	DEATH (C	heck only or	10)				
Sic	1 YES 2 XNO		☐ ER/Outpatient	3 🗆 DOA	4 DN		me 5XXF	Raaldence	6 🗌 Othe	r (Specify)				
Ę	27. MANNER OF DEATH	28a. DATE ((Month,	Dey, Year)		IME OF NJURY	28c. IN	JURY AT ORK?		28d. DES	CRIBE HOW	INJURY OCC	URED		
Β¥	1XXNaturai 5 Pending 2 Accident Investigation				М	1 🗆	YES 2	□ NO						
	3 Suicide 8 Could not be		OF INJURY — At Ing, etc. (Specify)	nome, farm	, street, fa	ctory, off	ce			ATION (Street or Town, State	and Number	or Rural Ro	oute Number,	
TED	4 Homicide determined													
COMPLET	29a. CERTIFIER (Check only 1) CERTIFYING PHYS	SICIAN: To the best	of my knowledge, o	death occu	erred at the	time, de	and plac	a, and du	a to the ca	use(a) and m	enner as state	d.		
N N	one) 2 MEDICAL EXAMIN	ER: On the basis of	examination and/o	r investiga	tlon, In my	opinion,	death occ	ured at th	e time, date	and place, i	and due to the	cause(a)	and menner as stated.	
	296. DIGHATURE AND TITLE OF CERTIFI	R	_				29c. LI	CENSE NU	JMBER		29d. DATE	SIGNED ((Month, Day, Year)	
B	John 16 11	allensi	of u				7	192	94		▶ Oc	tobe	r 4, 1990	
2	20 MANE AND ADDRESS OF PERSON W	HO COMPLETEO CA	NICE OF OFATH OT	EN 27 /3	ma Delett		1.11	10	/		1	-		

2 MEDICAL EXAMINER: On the 29d. DATE SIGNED (Month, Day, Year) N ▶ October 4, 1990 CAUSE OF OEATH (ITEM 27) (Type, Print) 911 North Russell Avenue, Gaithersburg, MD 20879 John R. Melnick, M. D., 32 REGISTRAP'S SIGNATURE
Guna Davidson Randoll



1	-	FOR STATE REGISTR
	1. D	ECEDENT'S
ı		DODOT

TO BE COMPLETED BY FUNERAL DIRECTOR

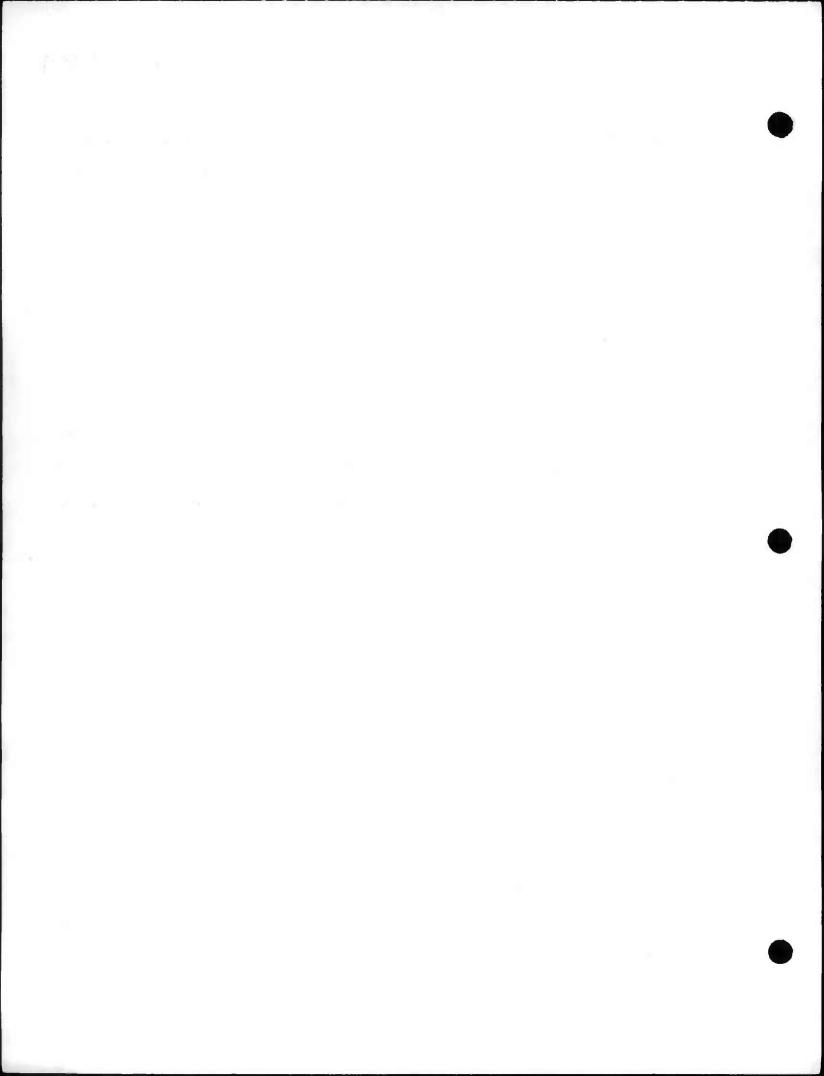
urs after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE OF DE	AIR	REG. N	J			
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH	
DOROTHY VIRGINIA	CLARK				OCTOBER		990	8:40 AM	
4. SOCIAL SECURITY NUMBER				DER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	·,		IPLACE (State or Foreign	
578-30-4153	1 M 2 XF 6	3 YRS.	IONTHS DAYS HOUR	S MIN.	JUNE 11.	1927		"NGTON, D.C.	
9a. FACILITY NAME (If not institution, give st	reet and number)	- 1	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						
11611 AMHERST AVE	ENUE		SILVER SPRING MONTGOM						
RESIDENCE OF DECEDENT				KING		1 1101	ATGO		
10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCATION					10d. INSIDE CITY LIMITS?	
	GOMERY	SIL	VER SPRING				1 YES 2 NO		
10e. STREET AND NUMBER			101. ZIP C	ODE		10g. CITI	ZEN OF V	WHAT COUNTRY?	
11611 AMHERST AVEN	IUE		20	902			USA		
11. MARITAL STATUS 1 Never Merried 24 Merried	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED			IIC ORIGIN? (Specify) n, Puerto Rican, etc.)	ea or No—	14. RACE Black	E — American Indien, k, White, etc.	
3 Widowed 4 Divorced	IF YES, GIVE WAR OR I		1 TES 2X				Spec	tty:	
		I	1		Lan James and	<u> </u>		ITE	
15. DECEDENT'S EDUC (Specify only highest grade	completed)	16e. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done during most of w	orking	16b. KIND OF E	USINESS/INC	DUSTRY		
Elamentary/Secondery (0-12)	College (1-4 or 5+)			1350					
47 EATHER! CHAME (Fine Asset 1	1	ADMINIST		AMC	FEDERA		RNMI	ENT	
17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maid				
EDWARD J. MAHAN					NIA THOMP		0. 1.		
19e. INFORMANT'S NAME (Type/Print)	(IIIIan Arn)		DDRESS (Street end Nui						
OLIVER M. CLARK	(HUSBAND)							LAND 20902	
20e. METHOD OF DISPOSITION 1 Duriel 2 Cremetion 3 Remo	oval from State	other place)	TION (Name of cemetery,	crematory or		OCATION —			
4 Donation 5 Other (Specify)		T. JOHN'S	CEMETERY 22. NAME AND AD		FO:	REST (LEN	MARYLAND	
21. SIGNATURE OF PUNERAL SERVICE LIC	ENSEE /	-/			LLINS FUN	ERAL H	HOME.	INC.	
purhant	1121	oler						,MD. 20901	
23. PART I. Enter the diseasee, or o								Approximate	
shock, or heert fellure.								Onset and Death	
disease or condition	HE	Partie	Coma					2-32012	
								1000	
resulting in deeth)	DUE TO JOR AS	A CONSEQUENCE OF)	:					2 101.5	
	DUE TO OR AS	A CONSEQUENCE OF	105 70	-Si's				7 70.2	
Sequentially list conditions,	DUE TO (OR AS	A CONSEQUENCE OF)	tasta	-50					
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS		*	-Si's	•			1412	
Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF)	· · · · Z	-Si'					
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS	A CONSEQUENCE OF	· · · · Z	-Sc >	.				
Sequentielly list conditions, if sny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE OF)	:			W WILLDOO	201	1412	
Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF)	:		Part I. 24a, WAS.	AN AUTOPSY ORMED?	248	b. WERE AUTOPSY FINDINGS	
Sequentielly list conditions, if sny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE OF)	:		Part I. 24a, WAS.		241	1 X 72	
Sequentielly list conditions, if sny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE OF)	:		Part I. 24a, WAS.	ORMED?	241	b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE	
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant condition	DUE TO (OR AS	A CONSEQUENCE OF)	the underlying ceu	se given in	Part I. 24a. WAS PERF	ORMED?	248	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS DUE TO (OR AS d. s contributing to death	A CONSEQUENCE OF) A CONSEQUENCE OF) but not resulting in	the underlying ceu	Be given in	Part I. 24a. WAS. PERF 1 U YES	ORMED?	244	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO	DUE TO (OR AS DUE TO (OR AS d. s contributing to death HOSPITAL: 1 □ Inpetient 2 □ ER/Ou	A CONSEQUENCE OF) A CONSEQUENCE OF) but not resulting in	26. PLACE OTHER:	se given in OF DEATH (Ch	Part I. 24a. WAS. PERF 1 YES eck only one)	ORMED?		b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 WO 27. MANNER OF DEATH	DUE TO (OR AS DUE TO (OR AS d. s contributing to death	A CONSEQUENCE OF) A CONSEQUENCE OF) but not resulting in	26. PLACE OTHER: 4 Nursing Home 5 OF 28C. INJURY WORK?	Se given in OF DEATH (Ch	Part I. 24a. WAS. PERF 1 U YES	ORMED?		b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?	
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Sequentielly list conditions, if sny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS d. S contributing to death HOSPITAL: 1 Inpetient 2 ER/Ou 28e. DATE OF INJURY (Month, Day, Year)	A CONSEQUENCE OF) A CONSEQUENCE OF) but not resulting in Appetient 3 DOA Y 28b. TIME INJU	26. PLACE OTHER: 4 \(\text{Nursing Home 5} \) OF \(\text{28c. INJURY } \) WORK? M \(1 \text{ YES}	Se given in OF DEATH (Ch	Part I. 24a. WAS. PERF 1 YES eck only one)	ORMED? 2 J.NO V INJURY OC	CCURED	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATHY 1 YES 2 NO	
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Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS d. S contributing to death HOSPITAL: 1 □ Inpetient 2 □ ER/Ou (Month, Day, Year) 26e. PLACE OF INJUR	atpatient 3 DOA 28b. Time INJU RY — At home, ferm, st	26. PLACE OTHER: 4 Nursing Home 5 OF WORK? M 1 YES reef, fectory, office	Be given in OF DEATH (C) Presidence T 2 \(\sum \) NO	Part I. 24a. WAS. PERF 1 YES ock only one) 6 Other (Specify) 28d. DESCRIBE HOL 26t. LOCATION (Streetly or Town, Ste	ORMED? 2 (2 No V INJURY OC et and Number te)	CCURED or Rural	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATHY 1 YES 2 NO	
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS d. S contributing to death HOSPITAL: 1 Inputient 2 ER/Ou 28e. DATE OF INJUR (Month, Day, Year) 28e. PLACE OF INJUR building, etc. (Sp	but not resulting in Aconsequence of) but not resulting in Appetient 3 DOA Y 28b. Time INJU RY — At home, ferm, st Docify)	26. PLACE OTHER: 4 Nursing Home 5 OF WORK? M 1 YES reet, fectory, office	Be given in OF DEATH Ch Presidence T 2 NO	Part I. 24a. WAS. PERF 1 YES ock only one) 6 Other (Specify) 28d. DESCRIBE HOL City or Town, Ste	ORMED? 2 No V INJURY OC et and Numbe	COURED or or Rural	D. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS d. S CONTributing to death HOSPITAL: 1 Inpetient 2 ER/Ou 28e. DATE OF INJUR (Month, Dey, Veer) 28e. PLACE OF INJUR building, etc. (Sp.	but not resulting in Aconsequence of) but not resulting in Appetient 3 DOA Y 28b. Time INJU RY — At home, ferm, st Docify)	26. PLACE (OTHER: OF A WORK? M 26c. INJURY / WORK? M 1 YES reef, fectory, office	DF DEATH Characteristics and due occurred at the	Part I. 24a. WAS. PERF 1 YES	V INJURY OC and Number and due to t 29d. DA1	or Rural sted. the cause	D. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO Route Number, (a) and manner as stated. D. (Month, Dey, Year)	
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only One) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TILL OF CERTIFIER	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS d. S CONTributing to death HOSPITAL: 1 Inpetient 2 ER/Ou 28e. DATE OF INJUR (Month, Dey, Veer) 28e. PLACE OF INJUR building, etc. (Sp.	but not resulting in Aconsequence of) but not resulting in Appetient 3 DOA Y 28b. Time INJU RY — At home, ferm, st Docify)	26. PLACE (OTHER: OF A WORK? M 26c. INJURY / WORK? M 1 YES reef, fectory, office	Se given in OF DEATH (Ch Presidence T 2 NO	Part I. 24s. WAS. PERF 1 VES ck only one) 6 Other (Specify) 26d. DESCRIBE HOLD (Streetly or Town, Streetly or Town, S	V INJURY OC and Number and due to t 29d. DA1	course or Rural sted.	D. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO Route Number, (a) and manner as stated. D. (Month, Dey, Year)	
Sequentielly list conditions, if sny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS d. S CONTributing to death HOSPITAL: 1 Inpetient 2 ER/Ou 28e. DATE OF INJUR (Month, Dey, Veer) 28e. PLACE OF INJUR building, etc. (Sp.	A CONSEQUENCE OF) A CONSEQUENCE OF) but not resulting in steption 3 DOA Y 26b. Time INJU RY — At home, ferm, st pocify) Death (ITEM 27) (Type,	26. PLACE (OTHER: OF A WORK? M 26c. INJURY WORK? I YES reet, fectory, office	DF DEATH Characteristics and due occurred at the	Part I. 24a. WAS. PERF 1 YES	V INJURY OC and Number and due to t 29d. DA1	or Rural sted. the cause	D. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO Route Number, (a) and manner as stated. D. (Month, Dey, Year)	
Sequentielly list conditions, if sny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS d. S CONTributing to death HOSPITAL: 1 Impetent 2 ER/Ou 28e. DATE OF INJURY (Month, Dey, Veer) 28e. PLACE OF INJURY building, etc. (S)	A CONSEQUENCE OF) A CONSEQUENCE OF) but not resulting in steption 3 DOA Y 26b. Time INJU RY — At home, ferm, st pocify) Death (ITEM 27) (Type,	26. PLACE (OTHER: OF A WORK? M 26c. INJURY WORK? I YES reet, fectory, office	DF DEATH Characteristics and due occurred at the	Part I. 24a. WAS. PERF 1 YES	V INJURY OC and Number and due to t 29d. DA1	or Rural sted. the cause	D. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO Route Number, (a) and manner as stated. D. (Month, Dey, Year)	
Sequentielly list conditions, if sny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS d. S CONTributing to death HOSPITAL: 1 Inpetient 2 ER/Ou 28e. DATE OF INJUR (Month, Dey, Veer) 28e. PLACE OF INJUR building, etc. (Sp.	A CONSEQUENCE OF) A CONSEQUENCE OF) but not resulting in stepstient 3 □ DOA Y 28b. Time INJU RY — At home, ferm, st pocify) DEATH (ITEM 27) (Type,	26. PLACE (OTHER: OF A WORK? M 26c. INJURY WORK? I YES reet, fectory, office	DF DEATH Characteristics and due occurred at the	Part I. 24a. WAS. PERF 1 YES	V INJURY OC and Number and due to t 29d. DA1	or Rural sted. the cause	D. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO Route Number, (a) and manner as stated. D. (Month, Dey, Year)	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION





		FOR STATE REGISTRAR	TATE OF MARYLAND / DEPAR CERTIF	TMENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	90 20031						
		1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	3. TIME OF DEATH						
		VIOLA E. CUDMO	ORE		OCTOBER 4.	1990 9:10 PM						
(D	1	4. SOCIAL SECURITY NUMBER 5. S	1 T	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (State or Foreign Country)						
3 5		991-28-0774 1 L	M 2 F 89 YRS.	9b. CITY, TOWN OR LOCATION OF D		O1 NEW YORK						
2,3 %	OR	KENSINGTON GARDENS		KENSINGTON	EATH	MONTGOMERY						
Pages 1.	DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LOCATION		10d. INSIDE CITY						
rt. Pag	DIR	MARYLAND MONTGO	MERY SI	LVER SPRING		LIMITS? 1 YES 2 NO						
permit.	1AL	10e. STREET AND NUMBER		10f. ZIP CODE	1	iog. CITIZEN OF WHAT COUNTRY?						
ian. transit	FUNERAL	13220 BETTY LANE	MAS DECEDENT EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPA		USA						
ing physician. the burlal-transit	BY FU	1 Never Married 2 Married	F YES, GIVE WAR OR DATES	If yes, specify Cuben, Maxico 1 YES 2 NO Specific	an, Puerto Ricen, etc.)	No— 14. RACE — American Indian, Black, White, atc. Specify: WHITE						
r attending use as the	9	15. DECEDENT'S EDUCATIO (Specify only highest grade comp.	N 16a. DECEOENT'S	USUAL OCCUPATION work done during most of working	16b. KIND OF BUSIN							
tal or	9		lege (1-4 or 5+)	e retired.)								
the hospital o detached for once.	COMPLETED	17. FATHER'S NAME (First, Middle, Lest)	HAIRDR		AME (First, Middle, Maiden Su	meme)						
at be		EUGENE VANDERHYDI	EN		NCE MCDOUGA							
retained 5 should notified	TO BE	19a. INFORMANT'S NAME (Type/Print)	196. MAILING									
be 5	F	MYRNA I. HAWTHORNE (DAUGHTER) 13220 BETTY LANE SILVER SPRING, MARYLAND 2										
ector, par must b		20g. METHOD OF DISPOSITION 1 \(\int \) Buriel 2 \(\int \) Cremetion 3 \(\int \) Removal from Stata 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place)										
9 9		21. SIGNATURE OF FUTIERIAL BERY CE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
		FRANCIS J. COLLINS FUNERAL HOME, INC 500 UNIVERSITY BLVD. W.SIL.SPR. MD.										
tred within 24 nours after completely filled in by the fall, cremation, or removal; event, the medical		23. PART I. Enter the disease, or comp abook, or heart feilure. Liet of IMMEDIATE CAUSE (Finel disease or condition resulting in death)			·	Interval Between						
leath certificate be executed attending physician and commat Hygiene prior to burial, y, or other traumatic ev	RTIFICATION	If any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST										
deatl deatl atte ental	CEI	PART ii. Other aignificant conditions co	ntributing to death but not resulting	in the underlying cause given in	Pert J. 24s. WAS AN AL	JTOPSY 24b, WERE AUTOPSY FINDINGS						
y and	EDICAL	DENENTIA W	ITH DYSPITAC	TIA - GASTRO	PERFORMI	EO? AMAILABLE PRIOR TO						
The law requires that the has been signed ate Dept. of Health a em 23 shows any	2	STONY TUBE FE	ED INGS-GA	TRUCTUPITAGE	SAC /	1 TYES 2 NO						
has be Dept.	AN:	25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEATH (C	heat anti-ane)							
SICIAN: The certificate I the State , or item	SIC	EXAMINER? HC	SPITAL: Inpetient 2 - ER/Outpetient 3 - DOA	OTHER:								
The this	у РНУ	27. MANNER OF DEATH 1 Notices 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year) 28b. TIN		28d. OEŞCRIBE HOW INJ	URY OCCURED						
TTENDI TOR: A after d	ETED B	3 Suicide 6 Could not be 4 Homicida determined	28a. PLACE OF INJURY — At home, farm, building, atc. (Specify)	street, factory, office	261. LOCATION (Street and City or Town, State)	d Number or Rural Route Number,						
E E E	COMPLE	ana)	To the best of my knowledge, death occurr the basis of examination and/or investigation									
TO THE HOSPITAL (TO THE FUNERAL DE FIED WITHIN 72 h	TO BE	710-11	Puiar M		MBER :	29d. DATE SIGNED (Mogth, Day, Year)						
?		30. NAME AND ADDRESS OF PERSON WHO CO TOSEPH M, SOL)	NAS MD - 981	of GEORGIA	AVE. 5.5.	Hd 20902						
		31. DATE FILED (Month, Day, Year) OCT 0 9 *90	32. REGISTRAR'S SIGNATURE Julia Davidson Randal	2.								

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7.0	1. DECEDENT'S NAME (First, Middle, Later Parks)	n. Ceta	il		2. DATE (10 16 192	YEAR 3. TIME OF DEA
1	4. SOCIAL SECURITY NUMBER			DER 1 YEAR IF UNDER 24 HRS		F BIRTH	S. BIRTHPLACE (State or F
	016-22-2747	1 🗆 M 2 🗡 F	88 YRS. MONTH	IS DAYS HOURS MIN.	5	15/821	MASSACHUSET
1	-9a. FACILITY NAME (If not institution, gh	of in		ITY, TOWN OR LOCATION OF	DEATH, A	9c. COUN	TY OF PEATH
0	FOX CHASI	E NURSING CEN	NTER =	21/10/01/21	bunc	1116	ntgomer
DIRECTOR	10e. STATE 10b. COU	NTY	10c. CITY, TOW	N OR LOCATION			10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	untgomer	SILV	VER SPRING		I so- CITIZ	1 YES 2 TEN OF WHAT COUNTRY?
FUNERAL	1135 UNIVERSITY	BOIILEVARD I	JEST	2090	12	USA	
NO.	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 Y	R IN U.S. ARMED	13. WAS DECENDENT OF HISP	PANIC ORIGIN	(Specify Yea or No-	14. RACE American India Black, White, etc.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR O		If yes, specify Cuben, Max 1 YES 2 NO Spe	elly:	icum, etc.)	Specify:
G	15. DECEDENT'S E		16a. DECEDENT'S USUAI	LOCCUPATION	16b.	KIND OF BUSINESS/INDU	USTRY
ᇤ	(Specify only highest gr Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of work do	ne during most of working d.)			
COMPL	CO FATURDIO NAME (Co. A MALCO L. C.)		HOUSEWIFE				
	17. FATHER'S NAME (First, Middle, Last) JOSEPH POULIN	ń.		LORRA		ELLIS	
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDR	ESS (Street and Number or Rur			Code) 20903
5	ROBERT E. CEFAII	, SR. (SON)	9727 MT.	PISGAH ROAD	#511	SILVER SPRI	ING, MARYLAN
	20a. METHOD OF DISPOSITION 1 Burlel 2 N Cremetion 3 R	emoval from State	20b. PLACE OF DISPOSITION other piece)	,	Or .	20c. LOCATION — C	
	4 Donation 5 Other (Specify)	LIGONSEE	METROPOLITAN	22. NAME AND ADDRESS OF	FACILITY		IA, VIRGINIA
	an. 1	1-1B	- / I	RANCIS J. CO	DLLINS	FUNERAL HO	DME. INC.
	23. PART I. Enter the diseases, I shock, or heart fellow		ised the deeth. Do not en	00 UNIVERSIT	Y BLV	D.,.W.SIL.S	SPR., MD. 20
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		FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPAR CERTIF	TMENT OF H	IEALTH AND I	MENTAL	HYGIENI REG. NO.	_E 9	U	20039
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(P)				yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE O (Month,	Day, Year)		BIRTHPLAC Country)	CE (State or Foreign
	1	96. FACILITY NAME (If not institution, give street	M 2 X F 6	2 YRS.		OR LOCATION OF DE		18,1		ew Y	
S Sh	JR.	11500 Hornfair Cou	,		Potoma		9c. COUNTY OF DEATH Montgomery				
3 1, 2,	5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		100.00	Y, TOWN OR LOCAT	701					
46 physician. bunat-transit permit. Pages 1,	DIRECTOR	Maryland Montgo	omerv		tomac	IION				-	I. INSIDE CITY LIMITS? YES 2 X NO
ermit		10e. STREET AND NUMBER			101	. ZIP CODE			10g. CITIZEN		
n. ansit p	FUNERAL	11500 Hornfair Cou	rt			20854			Unite	d St	ates
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203-31 r attending use as the	8	15. DECEDENT'S EDUCAT (Specify only highest grade cor			USUAL OCCUPATION		16b.	KIND OF BUS	SINESS/INDUST		
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ANC the hos detach	8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA					
AARYLAND 21, retained by the hospital of should be detached for notified at once.	8	Nat Eigen 190. INFORMANT'S NAME (Type/Print)		401 114 114	4000000	Marth					
	2	Cindy Jaye Rosen				and Number or Rural i r Court,					
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ALTIM death. Pag the funeral dir examiner		21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE			ND ADDRESS OF FA					-
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Hilled in the or related in the media		23. PART I. Enter the diseases, Dr con shock, Dr heert feilure. Lie IMMEDIATE CAUSE (Finel disease or condition	t Dnly one ceuse on eec	ch line.			h es cerd	lec or reepl	retory errest	Þ	Approximete interval Between Onset and Death
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tand corrected to burial, matic ex	CERTIFICATION	Sequentially list conditions, if any, leading to immediate b. DISSEMINATED BREAST CANCER DUE TO (OR AS A CONSEQUENCE OF):									
O. BOX certificate be iding physician Hygiene prior traur	CA	cause. Enter UNDERLYING CAUSE (Diseese or Injury									
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		30. NAME AND ADDRESS OF PERSON WHO					MILLE	-1- •	200 -	~~~	
30		Daniel M. Atienza	, M.D. LOTT		, xuu kes	servoir Rd,	, INW WE	asnungta	on, LC 2	.W.7	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within armours after death. Page 6 may be retained to the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the co	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 st he fleet within 72 hours after clean with the State Deor, of Health and Mental Horiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be not
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31. DATE FILEO (MONIN, Day, Year)

32. REGISTRAR'S SIGNATURE

Randon

122	1 - FOR STATE OF REGISTRAR		DEPARTMENT OF	F HEALTH AND ME	ENTAL HYGIENE REG. NO.	90 28640					
- 175)	1. DECEDENT'S NAME (First, Middle, Lest) Louise Maria Brief	s Carpente	er	2	DATE OF DEATH	3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER 220-26-3203 1 □ M 2 ☒ F	8. AGE (In yrs. lest b	YRS. IF UNDER 1 YE	AR IF UNDER 24 HRS. 7.	DATE OF BIRTH (Month, Day, Year) (ULY 1, 194	8. BIRTHPLACE (State or Foreign Country) Delaware					
DIRECTOR	9a. FACILITY NAME (If not institution, give street and number) NORTH ARIINDEL HOSPITAL RESIDENCE OF DECEDENT			N BURNIE	ANNE ARUNDEL						
DIREC	Maryland Anne Arunde		10c. CITY, TOWN OR LO Pasad			10d. INSIDE CITY LIMITS? 1 ☐ YES 2 🔀 NO					
FUNERAL	132 North Carolina Ave			101. ZIP CODE 21122		Og. CITIZEN OF WHAT COUNTRY? United States					
8	1X Never Married 2 Married FORCES?	NT EVER IN U.S. ARME 1 YES 2 NO WAR OR DATES	If yes	OECENDENT OF HISPANIC I, specify Cuban, Mexican, I YES 2/13/NO Specify:		No- 14. RACE — American Indian, Black, White, atc. Specify: White					
once.	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or to the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the cont	+) (Give	EDENT'S USUAL OCCUI kind of work done durin to NOT use retired.)	PATION g most of working	16b. KIND OF BUSINE	ESS/INDUSTRY					
m m	1 None None 17. FATHER'S NAME (First, Middle, Last) Frank G. Carpenter None 18. MOTHER'S NAME (First, Middle, Meiden Surname) Angela Briefs										
TO B	19a. INFORMANT'S NAME (Type/Print) Frank G. Carpenter 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Cook 29 Crane Street New Orleans, Louisi										
er must	20s. METHOD OF DISPOSITION 1 Burisi 2 Commetion 3 Removal from State 4 Donation 5 Other (Spoelly) 21. SIGNATURE OF FUNERAL SERVICE LICENSEF	nesda, Maryland									
ai examin	21. SIGNATURE OF FUNERAL SERVICE LICENSEE ROBert A. Pumphrey Funeral Home/ Bethesda-Chevy Chase, Inc. 7557 Wisconsin Ave., Bethesda, MD 20814-3501										
nt, the medic	23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory errest, interval B. Onset and disease or condition as SEPTICEMIA 48 h										
Injury, or other traumatic event, the medical examiner must be AL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST UNIVARY TO ACT INTECTION 11 DAY 1										
shows any : MEDIC/	PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. MENTAL RETAIN DATION 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Mpatient 2	☐ ER/Outpatient 3 ☐	OTHER:	8. PLACE OF DEATH (Check							
28 is marked, or item 23 TED BY PHYSICIAN	1 Natural 5 Pending 2 Accident Investigation	Day, Year)	M 1	WORK?	8d. DESCRIBE HOW INJU	-					
I Item 28 is	4 Homicide determined buildin	g, etc. (Specify)	e, farm, street, factory,		City or Town, State)	Number or Rural Route Number,					
IMPORTANT: It item O BE COMPLE	(Check only one) 2 MEDICAL EXAMINER: On the basis of			on, death occured at the tin	ne, data and place, and d	fue to the cause(s) and manner as stated.					
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CA	USE OF DEATH (ITEM	27) (Type, Print)	D277		9d. DATE SIGNED (Month, Day, Year) ► 10 - 3 - 9 0					
	ANASTACIO R. DE CASTRO M			HWAY S.W, G	LEN BURNIE	, MARYLAND 21061					

1600 CRAIN HIGHWAY S.W, GLEN BURNIE, MARYLAND 21061

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the source after death. Page	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dire be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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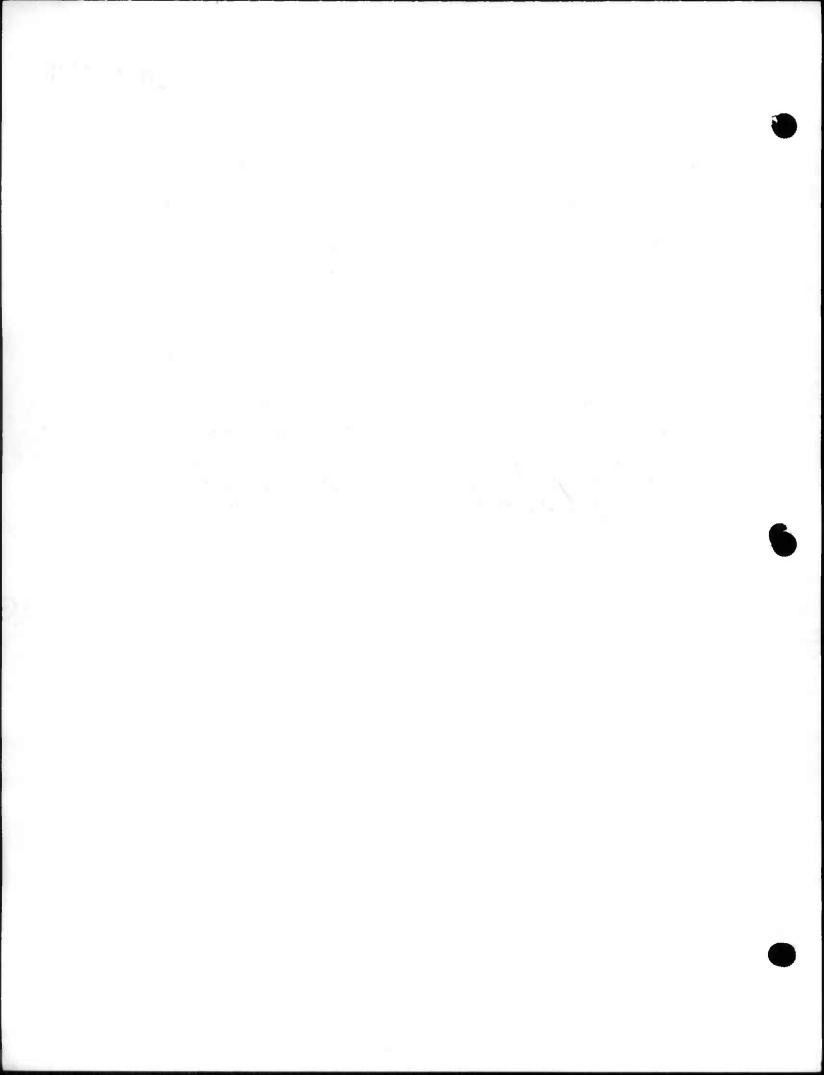
		FOR 1 - STATE REGISTRAR	STATE OF MARYL		ARTMENT			MENTAL	HYGIEN	7 1) 2	8641
- [1	1. DECEDENT'S NAME (First, Middle, Last)							OF DEATH DA		3. T	TIME OF DEATH
	1	Lind	a Marie Curr	an				Octo	ber 6		10.00	4:20 pm M
וח	1	4. SOCIAL SECURITY NUMBER		(In yrs. last birthd	IF UNDER 1		F UNDER 24 HRS.	7. DATE C	F BIRTH Day, Year)	8.	BIRTHPLAC	CE (State or Foreign
T,]		220-60-5416		7 YR				Nov.	13, 1952 Marylan			
	200	9a. FACILITY NAME (If not institution, give s	treet and number)		96. CITY,	TOWN OR	LOCATION OF DE	EATH	ATH 9c. COUNTY OF DEATH			
	стов	23301 Wildernes	s Walk Court								Mont	gomery
	DIREC	10a. STATE 10b. COUNT		10c. CITY, TOWN OR LOCATION						. INSIDE CITY LIMITS?		
		Maryland 10s. STREET AND NUMBER	Montgomery	Gaithersburg							YES 2 X NO	
	FUNERAL	and the second second				101, 21	20882	,				
	¥	23301 Wilderness	12. WAS DECEDENT EVER I	IN U.S. ARMED	13. W	AS DECEN	DENT OF HISPAN		(Specify Yea			tates
	- 11	1 Never Married 2 Married	FORCES? 1 YES	2 100	19	yes, specif	fy Cuban, Maxica K NO Specifi	in, Puarto R			Black, Wh Specify:	American Indian, ilta, etc.
	ВУ	3 Widowed 4 Divorced									Whit	e
	ETED	15. DECEDENT'S EDU (Specify only highest grade	(CATION completed)	(Give kind	T'S USUAL OC of work done d T use retired.)			16b.	KIND OF BUS	SINESS/INDUST	rry	
	1	Elamentary/Secondary (0-12)	College (1-4 or 5 +)		ntant				Const	ructio		
once.	COMPL	17. FATHER'S NAME (First, Middle, Last)		Accou	arcanc	1	IS. MOTHER'S NA	ME (First, IV			711	
75	Ö	John F. Hardin	g				Han	nah I	Hardin	q		
notified	00	19a: INFORMANT'S NAME (Type/Print)		19b. MAIL	ING ADDRESS	(Street and	Number or Rural				de)	20882
ре по	2	Francis Scott Cu	rran	2330	l Wild	lerne	ss Walk	Cou	rt, Ga	ithers	burg	, MD.
must b		20a METHOD OF DISPOSITION 1 ☐ Burial 2XXX cremetion 3 ☐ Ram	noval from Stata	other place)					20c. LO	CATION — City	or Town,	Stata
E		4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI		Montgon			orium,		Bet	hesda,	Mar	yland
examiner		21. SIGNATURE OF FORERAL SERVICE LI	1/4		Ro	bert	A. Pum	phre	Fune	ral Ho	me/	
		Mukele F.	Mille	M00348			A. Pum lle, In Rockvi					У
or removal medical		23. PART i. Enter the diseases, or shock, or heart failure.	List only one ceuse on e		o not enter	the mode	of dying, euc	ch aa card	lac or reepi	ratory arrest	,	Approximate interval Between
on, o												Onset and Death
il, cremation, event, the		disease or condition resulting in death) s. Conjuctory Factor Due to (or As A Consequence of):										
Mental Hygiene prior to burial, cremation, ijury, or other traumatic event, the	z	A. Sagana										
Hygiene prior to buria or other traumatic	CERTIFICATION	Sequentielly liet conditions, If any, leeding to immediate DUE TO (OR AS & CONSEQUENCE OF):										
e prio	S	ceuse. Enter UNDERLYING CAUSE (Disease or Injury										
lygien r oth	Ē	that initiated events resulting in death) LAST									į	
ntal +	CEI											
and Mental y injury,	AL	PART II. Other significant condition	na contributing to deeth i	but not result	ng in the un	derlying (csuse given in	Part i.	24a. WAS AN PERFOR			RE AUTOPSY FINDINGS JLABLE PRIOR TO
alth a	MEDICA								1 YES 2	X NO		MPLETION OF CAUSE DEATH?
of He								—			10	YES 2 NO
Dept 23	AN	25. WAS CASE REFERRED TO MEDICAL				26. PLAC	CE OF DEATH (C/	heck only on	e)			
State	PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:	tpatient 3 DC	OTHER	1:	5 12 Rasidence		·			
d, or	Ή	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	26b.	TIME OF INJURY	28c. INJUF	RY AT	_		NJURY OCCUP	RED	-
th wit	ВУР	1 Natural 5 Pending 2 Accident Investigation			M		S 2 NO					
hours after death with the State Dept. of Health a Item 28 is marked, or item 23 shows an		3 Suicide 6 Could not be	28e. PLACE OF INJUR building, atc. (Spe	tY — At home, fa	rm, street, fact	ory, office			ATION (Street or Town, State)	and Number or	Rural Route	Number,
irs aft		4 Homicide determined										
72 hours	MPLETED	(Check only	SICIAN: To the best of my know									
NAT:	00	2 MEDICAL EVANIN	IER: On the basis of axamineti	ion and/or investi	getion, in my o	pinion, dea	ith occured at the	e time, data	and place, ar	nd dua to tha c	ause(a) an	d manner as stated.
be filed within 72 h	BE (290. SIGNATURE AND TITLE OF CERTIFIE	1110			- 1	29c. LICENSE NU	GS2	1 (MI)	29d. DATE S	1 11	onth, Day, Year)
M Se	2	30. NAME AND ADDRESS OF PERSON W	revin	EATH (ITEM 27)	Tune Print)		U S	3 1 3 0	, (,)	1	2 8 10	90
	i.	Allen Eisenmann,				, N	W. Was	shina	ton. r	o.c. 20	0007	
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE		, 41.0			, 4			
		OCT 0 9 '9 0	Eulia Des	vidson Ro	ndell							

ALAST SI DOLLAR

		FOR STATE REGISTRAR	STATE OF MARYL		PARTMEN FIFICAT			MENTAL	HYGIENE REG. NO.	9	U	28642
• /		1. DECEDENT'S NAME (First, Middle, Last)	Margaret Ber		Mann C	hambe	erlin	2. DATE O MONTH Octo	DAY	1990	AR	:30 AM M
(P		4. SOCIAL SECURITY NUMBER / 061-16-7170	5. SEX 6. AGE	(In yrs. lest birth	RS. IF UNDE	DAYS	IF UNDER 24 HRS. HOURS MIN.		Day, Year)	916 Ph	iRTHPLA(CE (Stelle or Foreign ISLANDS
2, 3 show	BO	9a. FACILITY NAME (If not institution, give so 12 Dairyfield C				y, town o Rock v	R LOCATION OF DE	ATH	19	9c. COUNTY O		
the gar	DIRECTOR	10e. STATE 10b. COUNT		104	c. CITY, TOWN							1. INSIDE CITY LIMITS?
t permit.		10e. STREET AND NUMBER	ntgomery		ROC	kvil	ZIP CODE			10g. CITIZEN	OF WHAT	
LAND 21203-3146 by the hospital or attending physician. be detached for use as the burial-transit permit. Pages at once.	FUNERAL	12 Dairyfield C 11. MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 X NO	13	If yes, spe	20852 ENDENT OF HISPAN cify Cuban, Mexical 2 🖾 NO Specify	n, Puarlo Ri				American Indien.
21203-3146 tal or attending phys for use as the buri	ETED BY	3 Widowed 4 Divorced 15. DECEDENT'S EDU, (Specify only highest grade	CATION	16a. DECEDI	ENT'S USUAL ond of work done	OCCUPATIO	N		KIND OF BUS	INESS/INDUST	W	Mite
D 212 ospital or ched for e.	COMPLE	Elementery/Secondary (0-12)	College (1-4 or 5+)	1	VOT use retired.					e Gove	rnme	ent
MARYLAND retained by the hosp 5 should be detachen notified at once.	BE CO	17. FATHER'S NAME (First, Middle, Lest) William Leake Ma	nn				Ann Mai					
A 0 m	70	19e. INFORMANT'S NAME (Type/Print) William C. Chamb		12	Dairyi	ield	Court,		ville,	Maryl	and	20852
ALTIMORE, I leath. Page 6 may be funeral director, page xaminer must be		20e. METHOD OF DISPOSITION 1 Burlet 2X Cremetion 3 Ren 4 Donation 5 Other (Specify)	noval from State	other place)	ery C	remat	orium, I		Beth	esda,	Mary	land
· ·		21. SIGNATURE OF FUNERAL SERVICE LI	anah	м001		KOCKV	<u>llle, Ma</u>	rylai	1a 20	850-28	U.S	ockville.
filled in by on, or remo		IMMEDIATE CAUSE (Final	Complications that cause List only one cause on a	d the death. each line.	Do not ante					ratory arreat,		Approximate Interval Between Onset and Death
46, ed within ompletely al, cremati event, ti		disease or condition resulting in death)	a. DUE TO (OR AS	A CONSEQUEN	ICE OF):	00	N CO.	ru Ce	J			13 WS
Sau or t	ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS	A CONSEQUEN	ICE OF):							
O. certiinding Hygie	CERTIFICATION	CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO (OR AS	A CONSEQUEN	NCE OF):	_						
RDS at the by the and M will	AL	PART II. Other algnificant condition	na contributing to death I	but not reau	Iting in the	underlylng	cause given in	Part I.	24a. WAS AN PERFOR	MED?	CO	THE AUTOPSY FINDINGS AILABLE PRIOR TO IMPLETION OF CAUSE
L RECORI e law requires that has been signed by Dept. of Health an	: MEDIC							_	1 TYES 2	Z.NO		DEATH?
FAL The law ate has ate Dep	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	patient 3 🗆 I	OTHI	ER:	ACE OF DEATH (Ch					
OF PHYSIC this ce with th		27. MANNER OF DEATH Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)		Ib. TIME OF INJURY	28c. INJ WO		Y		NJURY OCCUR	ED	
ISIO TTEND TTOR: A after d	TED BY	Accident Investigation Accident Investigation Suicide S Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home,	farm, street, fa	actory, office	•	28f. LOCA City o	TION (Street a r Town, State)	and Number or F	tural Route	e Number,
	COMPLET	CHECK ONLY	ICIAN: To the best of my known								1U\$0(0) er	nd menner ee stated.
TO THE HOSPITAL TO THE FUNERAL be filed within 72 IMPORTANT: II	BE	29b. SIGNATURE AND TITLE OF CENTIFIC	MUL	mi)		29c. LICENSE NU	MBER 6		29d. DATE SI	BNED (MG	onth, Day, Year)
20	5	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF D	EATH (ITEM 27	(Type, Print)	INC	· Ph-	(D)) , (MC	/	
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE ACTO	dem.							

ge	ij		er
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 personal after death. Page	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral din		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner
fter	the	OVA	isi e
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d with	mplet	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriar, cremation, or removal.	event
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	1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH									3. TIME OF DEATH					
74	Florence M. Cayana					ush				MONTH 2 DAY YEAR			YEAR	4:04 M	
	4. SOCIAL SECURITY NUMBER 5. SEX			6. AGE (In yrs. last birthday)		IF UNE			IF UNDER 24 HRS.		7. DATE OF BIRTH		8. BIRTHPLACE (State or F		
	308-10-8422	308-10-8/22 1□M2 □ F			3 YRS. MOI		DAYS	HOURS	MIN.	(Month, Day, Year) March 23,		1907	Count	diana	
	9a. FACILITY NAME (If not insti	itution, give st	reet and number)			9b. CI	TY, TOWN	OR LOCATI	ON OF DE		,		NTY OF C		
9	Sacred Heart Home					l _H	vatt	svil]				Dri	nco	George's	
6	RESIDENCE OF DECEDENT										177	liice			
H	10a. STATE 10b. COUNTY					TY, TOWI	N OR LOC	ATION						10d. INSIDE CITY LIMITS?	
□	Maryland Prince Georges				College Park								1 XYES 2 NO		
₹	10a. STREET AND NUMBER					101. ZIP CODE						WHAT COUNTRY?			
FUNERAL DIRECTOR	9003 Gettysburg Lane					20740-401									
2	11. MARITAL STATUS 1 Never Married 2 Married FORCES? 1 YES				S. ARMED	1		ECENDENT OF NISPANIC ORIGIN? (Specify Yes specify Cuban, Mexican, Puerto Rican, etc.)			or No-	14. RAC Blac	E — American Indian, k, Whila, atc.		
В	3 Widowed 4 Divorc	I IF YES, GIVE WAR OR DATES					1 TYES 2 TONO Spec						Spec	White	
	15. DECEI	DENT'S EDUC	CATION	- I-10	a. DECEDENT'S USUAL OCCUPATION					16b. KIND OF BUSINESS/INOUSTRY					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)				(Give kind of work done during most of working life. Do NOT use retired.)				TOOL KIND OF BUSINESS/INOUSTRY						
7	Elementary/Secondary (0-1	2)	College (1-4 or 5	*'	Homemaker						Self			_	
MO	17. FATHER'S NAME (First, Middle, Last)			-	18. MOTNER'S NAI							Surnama)			
	T Tr	D				Suzanne Loges					2000				
B	Joseph Van				19b. MAILING ADDRESS (Street and Number or Rural Route Num							n, State, Zi	p Code)		
2	Carol S. As	souad			9003	Cott	tvehi	ira T	200	Co1:	College Park, MD, 20740-4017				
	20a. METHOD OF DISPOSITIO	iN .	-		Ob. PLACE OF DISPOSITION (Name of cometery, crematory or					20c. LOCATION — City or Town, Stata					
	1 Buriel 2 Cremation 4 Donation 8 Donation		ovat from State		other place) Elmwood Cemeterv					Grayling, Michigan					
	21. SIGNATURE OF SUPERAL		EMIEE //	'00	22. NAME AND ADDRESS OF FACIL					CILITY				111011111	
	> X////	W.	Hines/Rinaldi Fu												
	23. PART i. Enter the defease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximata														
	ehock, or Ne	ert feilure.	Liet only one car	use on each	h ilne.	not en	ter the ii	loue or uj	mig, auc	ii as care	nac or reap	natory at	reat,	Interval Between	
	IMMEDIATE CAUSE (Final disease or condition														
	resulting in death) a. Caro of Office Transfer of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution														
_	Classic Rassal Files														
0	disease or condition realiting in death) a. Candin Dulmonary Center Due TO (OR AS A CONSEQUENCE OF): Chronic Renal Failure Due TO (OR AS A CONSEQUENCE OF): If any, leading to Immediata														
CERTIFICATION	cause. Enter UNDERLYIN	IG	. (~	Jon a	ns 1	9,0	en	_ 'D	100	045	2				
Ē	CAUSE (Disease or injury that initiated events	,]	OUE TO	(OR AS A C	ONSEQUENCE	OF):		5							
R	reaulting in death) LAST		d												
	PART II Other elgoificen	t condition	a contributing to	death but	not requiting	in the	underiul	na cause	aiven In	Dart I	24a. WAS AN	AUTODEV	24	b. WERE AUTOPSY FINOINGS	
EDICAL	PART II. Other significant conditions contributing to deeth but not resulting						j in the anderlying eader given in i				PERFORMEO?			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
ă								1 D Y				NO	OF DEATH?		
Σ	1 Tes 2 XNO														
AN	25. WAS CASE REFERRED TO	MEDICAL					26	DI ACE OF	DEATH /C	neck only or	nel .				
PHYSICIAN:	EXAMINER? HOSPITAL: QTHER:														
¥	1 YES 2 YO 1 Inpetient 2 ER/Outpetient 3 DOA A Nursing Nome 5 Raeidence 8 Other (Specify) 27. MANNER OF DEATN 28a. OATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. OEŞCRIBE NOW INJURY OCCUREO														
	Natural 5 P	YRULN	IRY WORK?												
BY	2 Destate	ivestigation	28a. PLACE	OF INJURY -	Al home, farm	, atroot,	1					et and Number or Rural Route Number,			
		could not be etermined	building	, atc. (Specify)					City	or Town, State)				
COMPLETED	29e. CERTIFIER														
Σ	CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and dua to the cause(a) and manner as stated.														
8															
BE	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)														
6	30 NAME AND ADDRESS OF	PERSON WIL	O COMPLETED CH	ISE OF OFAT	DC 9/JS	Delet	-)	10	3/	1)	7		1	770	
	S. Tritoglia MD 7500 Greenway Ctr Dike Green ked MD 20120														
	31. DATE FILEO (Mager), Day,	. 90	32. REGISTA	ar's signat	URE Arno	000									



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

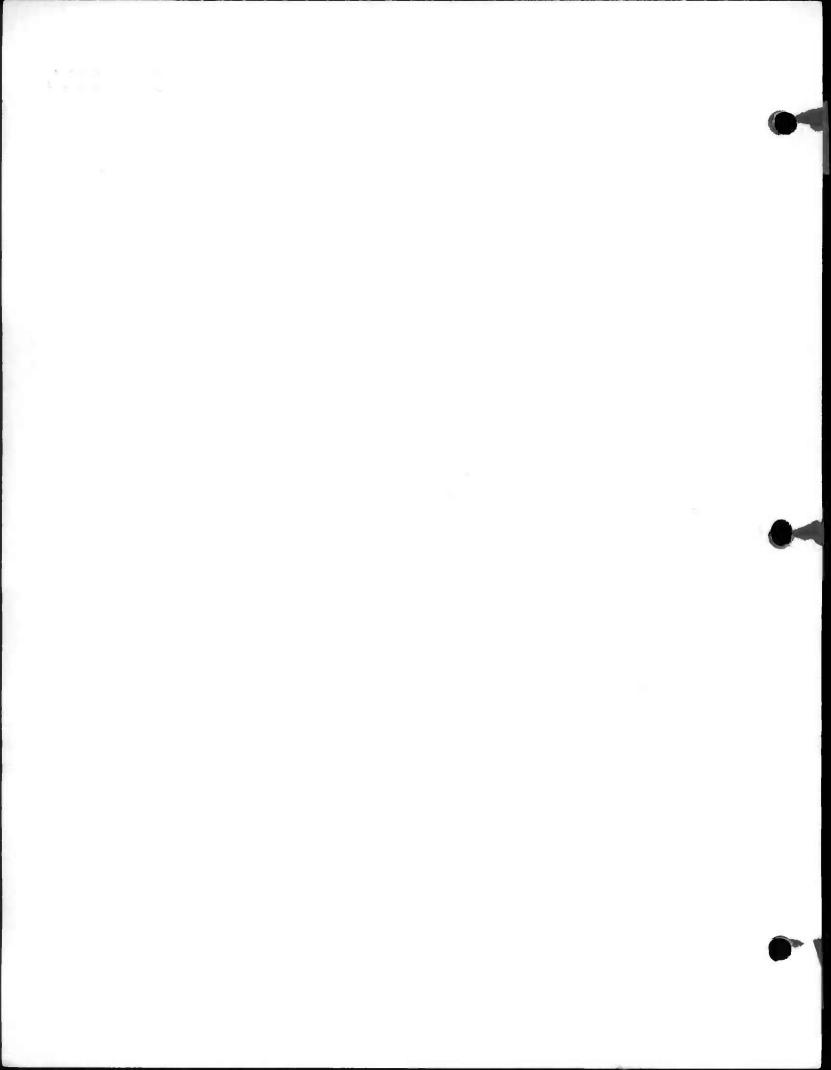
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	1 - STATE REGISTRAR	C	ERTIFIC	CATE OF	DEAT	Н	RE	EG. NO.				
										3. TIME OF DEAT	Н	
	Julian C. Cohen					- 1	Sept.	27,	199	0	9:45	AM
	4. SOCIAL SECURITY NUMBER 5. SEX	B. AGE (In yrs. In		IF UNDER 1 YEAR	IF UNDER 2		7. DATE OF B	IRTH		8. BIRTH	IPLACE (State or For	reign
	215-07-3499 ¹\mathbb{\text{\text{M}} 2 □	1 / 3	YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Day	2,191		В	alt. MD)
PO.	9e. FACILITY NAME (If not institution, give street and number) 5600 Wisconsin Avenue			9ь. сіту, тоwn Chevy			ATH			nty of D		
5	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY		10c. CITY	TOWN OR LOC	TION						10d. INSIDE CITY	
<u>E</u>	MD Mantagan										LIMITS?	
5	MD Montgomery Chevy Chase 10g. citizen of what c											
FUNERAL DIRECTOR	5600 Wisconsin Avenue				2081					S.A		
5	11. MARITAL STATUS 12. WAS DECE	DENT EVER IN U.S. A		13. WAS DE	CENDENT OF	HISPAN	IC ORIGIN? (Sp	ecify Yea o		14. RACI	E — American India k, White, etc.	ın,
BYF										"White		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. D	Give kind of w	ISUAL OCCUPAT	done during most of working tired.)			D OF BUSI	NESS/INC	USTRY		
Щ	Elamentary/Secondary (0-12) College (1-4 c	N 5+)										
₽ B	3		President					rap M		l Co	•	
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTH	ER'S NAI	ME (First, Middle	e, Maiden Si	urname)			
B	William L. Cohen						e Potte					
6	19a. INFORMANT'S NAME (Type/Print)	1		ADDRESS (Street								
-	Marlyn S. Cohen						Chevy	Chas	se, MD 20815			
	20a. METHOD OF DISPOSITION 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removal from State	20b. PLAC	E OF DISPOSI	TION (Name of c	emetery, crem	atory or		20c. LOCATION — City or Town, Stata				
	1 M Burlel 2 □ Cremation 3 □ Removal from State 4 □ Donation 5 □ Other (Specify) Washington								gton	, D.C.		
ì	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Joseph Gawler's Sons, Inc.											
CERTIFICATION	Joseph Gawler's Sons, Inc. 5130 Wisconsin Ave, NW, Washington, D. C. 20016										016	
	shock, or heert fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Parkinson's Disease Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST Due to (or as a consequence of): Due to (or as a consequence of):									Onset sno	d Death	
2	BADT is Other significant conditions contribution	a to death but no	t requiting is	n the underlyi		han in	Boot 1 24	MACANA	UITOBOV	1 244	. WERE AUTOPSY F	MONOS
MEDICAL	PERFORMED? 1 □ YES 2 🗓 NO OF								AVAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2	TO CAUSE		
Ž	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)											
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER? SY HOSPITAL			OTHER:								
YS		1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)										
BY PHYSICIAN:	27. MANNER OF DEATH 28a. DAT (Mot (Mot	e OF INJURY	28b. TIME	ORK?		28d. DEŞCRII	BE HOW IN	JURY OC	DRY OCCURED			
B	2 Accident Investigation			YES 2	JNO	and I OCATIO						
TED	3 Suicide 6 Could not be 4 Homicide detarmined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28b. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)											
TO BE COMPLETED	296. SIGNATURE/AND/TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. 7 7											
	[/] Bernardo Kotelanski, M	.D., 4301	Mass	achuset	ts Av	eN	W. Wack	ninot	on T) . C		
	21 DATE Ell ED (Month Day Voor) 32 Billion	HTRAR'S SIGNATURE			CO AV	L 6 · 6 L	in inast	IIIIZC	UIII	, . V .		
	A01 OT 00 1 3	the same things,	- A - Dady									



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146



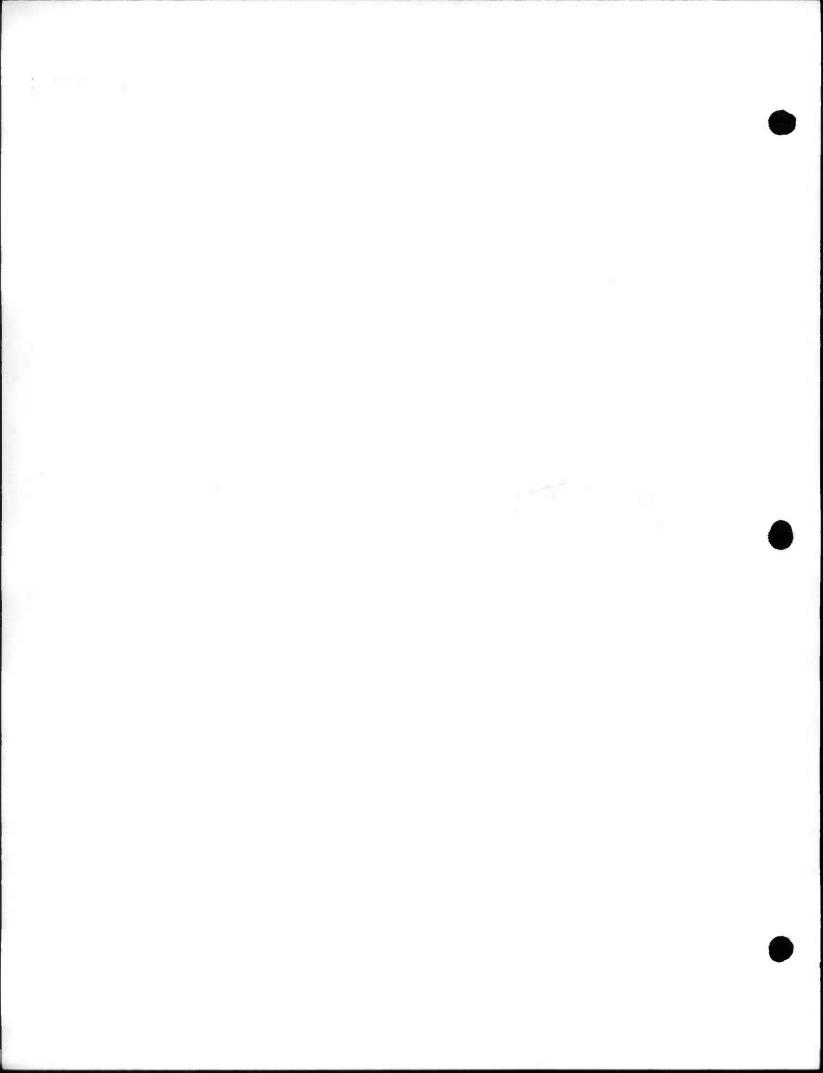
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the host	ache	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	10	5 5	E
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		TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	,

M.
Day, Ybar)

GIL

32 REGISTRAR'S SIGNATURE
Juha Davidron Randall

	FOR STATE REGISTRAR	STATE OF MARY		RTMENT OF		MENTAL HYGIEN REG. NO		90 28645		
į	1. DECEDENT'S NAME (First, Middle, Last)		w. CARLSON)				AY Y	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	W.	E (In yrs, lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	MONTH 2	9 9	BIRTHPLACE (State or Foreign		
)		1 N 2 F	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	01	Country)		
/	9a. FACILITY NAME (If not institution, give atm		00	9b, CITY, TOWN	OR LOCATION OF DE	12-6-	9c. COUNTY	Sweden Omdeath		
뜬	Shalu Grove Adi	rentrit 1	1050	Roca	kville		Man	1-		
DE C	RESIDENCE OF DECEDENT	i charact	20312	NO			17 1-10			
DIRECTOR	10a. STATE 10b. COUNTY Mow	agmen		OCKVIL	6			10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	100. STREET AND NUMBER 95 Dawson	And the	08	'	2055	0		ed States		
S	11. MARITAL STATUS	12. WAS DECEDENT EVE			ECENDENT OF HISPAN	NIC ORIGIN? (Specify Ye	a or No— 14.	RACE — American Indian,		
BY F	1 Never Married 2 Starried 3 Widowed 4 Deverced	FORCES? 1 YE			specify Cuban, Maxica ES 2 A NO Specif			Specify: White, etc.,		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of		(Give kind of	USUAL OCCUPAT	FION most of working	16b. KIND OF BU	SINESS/INDUS	TRY		
J.	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT u				_			
₽ I	12 17. FATHER'S NAME (First, Middle, Last)		Remodel	ing Con	tractor		Employ	yed		
8						ME (First, Middle, Maider	Surneme)			
BE	Karl Johnssen 19a, INFORMANT'S NAME (Type/Print)		19b MAILING	AOORESS (Stree		Available Route Number, City or Tox	vn State Zin Co	del		
임	Fay C. Boss									
	20s. METHOD OF DISPOSITION 20s. PLACE OF DISPOSITION (Name of cematery, crematory or									
	4 Donation 5 Other (Specify) Church Cemetery Darnestown, Maryland									
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	M00689	Home	/Rockvill	Robert Le, Inc.30	0 West	mphrey Funeral Montgomery 0850-2805		
	23. PART anter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between									
	HAMPOUT BANKS OF A									
	disease or condition resulting in death)	/m	terinten	& Mg	10cmelin	1 Triporc	Yeur			
- 1	disease or condition resulting in death) a. OUE TO (OR AS A CONSEQUENCE OF): Commany for key Diverse &									
2	Sequentially list conditions, b. CURUMANY for key 1/15 end C									
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A	S A CONSEQUENCE C	OF):						
윤	CAUSE (Disease or Injury that initiated events	DUE TO (OR A	DUE TO (OR AS A CONSEQUENCE OF):							
E	resulting in death) LAST									
8		•								
롰	PART II. Other algnificant conditions	1 /		11/			N AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
MEDIC	htzlumice!	entricelus	2 1000	zy lun	3	1 YES	2 X NO	OF OEATH?		
×	HIATU HER	nia outh	Reflux	8 50 par	29176			1 TES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL			-	<i>(</i>			<u> </u>		
PHYSICIAN:	EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (CI					
HYS	27. MANNER OF DEATH	1 ☐ Inpetient 2 💢 ER/0	RY 28b, TII	ME OF 28c. I	ome 5 Residence	a ☐ Other (Specify) 28d. DE\$CRIBE HOW	INJURY OCCUP	REO		
	1 Netural 5 Pending	(Month, Day, Yea	(r) IN		WORK? YES 2 NO	1 10-11 12 25 17/1				
Э ВУ	2 Accident Investigation 3 Suicide a Could not be	28e. PLACE OF INJU	JRY Al home, farm,	street, factory, of	fica	281. LOCATION (Street		Rural Route Number,		
COMPLETED	4 Homicide detarmined	building, etc. (5	quotiny)			City or Town, State	")			
PLE	29a. CERTIFIER (Check only	CIAN: To the best of my kr	nowledge, death occur	red at the time, d	ate and place, and du	to the cause(a) and m	nner sa stated.			
MO	and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th							cause(a) and manner as stated.		
	296. SIGNATURE AND TITLE OF CONTIFIER	1/1		/	29c. LICENSE NU	MBER	29d. DATE S	IGNED (Month, Day, Year)		
38 C	Dem M.	SI P	coming Ph	yrecin	D35	792	D 2	9 Sap 1990		
30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 27) (Type Prior)							7			



BALTIMORE, MARYLAND 21203-3146

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death	funer	mex.	
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within	rema	er traumatic event, the medical examiner must be	
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ath c	al Hy	6	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept, of Heatth and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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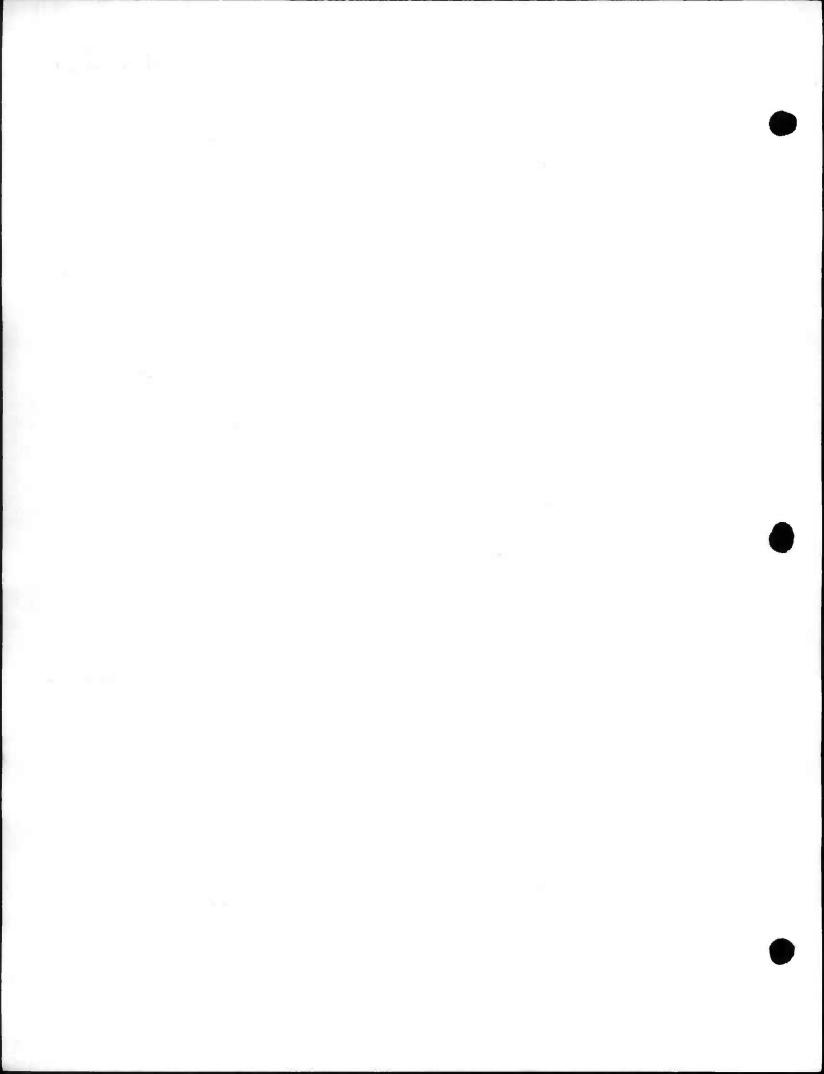
								20040	
	1 - STATE REGISTRAR	STATE OF MARYLA		RTMENT OF H FICATE OF		MENTAL HYGIEN REG. NO			
	1. DECEMBER NAME (First, Middle, Lost)	Claboug				2. DATE OF DEATH MONTH DO		3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 485-78-4300		n yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country) IOWa	
N.	90. FACILITY NAME (If not institution, give str 704 Pulsas	eet end number) ki HWVASt	B	96. CITY, TOWN C	OR LOCATION OF D		9c. COUNTY		
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c. CI	TY, TOWN OR LOCAT	TION	•		10d. INSIDE CITY	
PIR	MD Har	rford		Havre	de Grad	ce		LIMITS?	
BY FUNERAL	10e. STREET AND NUMBER	-			. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
	704 Pulaski Hw				21078_			USA	
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 🔀 YES IF YES, GIVE WAR OR DA	2 NO	If yee, sp		NIC ORIGIN? (Specify Years, Puerto Ricen, etc.) fy:	or No— 14.	. RACE — American Indian, Black, While, etc. Specify: White	
	15. DECEDENT'S EDUC	1977-1980		ECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY					
BE COMPLETED	(Specify only highest grade (Elamentary/Secondary (0-12)			I work done during mo				1.327	
		1	Press	Brake Op	perator	Refrige	ration	Manufacturing	
					AME (First, Middle, Maiden				
					arriet M. Stanton				
2	19a, INFORMANT'S NAME (Type/Print) 19b, MAILINO ADDRESS (Street and Number or Rura				of Route Number, City or Town, State, Zip Code) Cedar Falls, Iowa 50613				
	Mr. Loren W. Cla							2 5U613 y or Town, State	
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) Calvary Cemetery Parkersburg, Iowa								
	21. SIONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS (rkersb	urg, iowa		
	Witcher & Smith Havre				ell-Smith e de Gra	r Funeral lace. MD 2	Home, 1078-3	P.A. 197	
	23. PART I. Entar tha diaaeaaa, or c shock, or haert failure. I	complications that caused List only one cause on ea		not anter the mo	ede of dying, au	ch as cardisc or reap	iratory srrea	t, Approximata Interval Between	
	IMMEDIATE CAUSE (Fine)								
11	disease or condition resulting in deeth) a. Lun - shat Haund of blead								
	DUE TO (OR AS A CONSEQUENCE OF):								
O	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	If any, leading to immediate couse. Enter UNDERLYING								
IFI	CAUSE (Disease or injury that initieted events DUE TO (OR AS A CONSEQUENCE OF):								
ERI	reaulting in death) LAST								
								24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
PHYSICIAN: MEDICAL						1 _ YES		COMPLETION DF CAUSE OF DEATH?	
ME							/-	1 TYES 2 THO	
ä									
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (C	Check only one)			
IXS	1) YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outp			ne 5 X Residence	6 Other (Specify)	IN HIRV OCCU	DED.	
	1 Natural 5 Pending	(Month, Day, Year)	200.	NJURY W	YES 2 NO	Zou. DESCRIBE NOW	andon'i occor	neb	
ED BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined	28e. PLACE OF INJURY building, atc. (Spec	/ — At home, farm			26t. LOCATION (Street City or Town, State		Rural Route Number,	
COMPLETED	29a. CERTIFIER 1 CERTIFYINO PHYSI	CIAN: To the best of my know	riedge, death acco	urred at the time det	a and place, and de	us to the cause(s) and my	enner sa stated		
DMP	CONSTRUCTION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY O							cause(s) and manner as stated.	
ш	296. SIGNATURE AND TITLE OF CERTIFIE	1 2046	Meder	emine	29c. LICENSE N			BIGNED (Month, Day, Year)	
0	Kulind 11 A	I KI.	/-		700	1194	1 20	13/96	

29c. LICENSE NUMBER

29d. DATE SIGNED (Month, Day, Year)

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) HARD

32. REGISTRAR'S SIGNATURE whia Savidson-Randoll

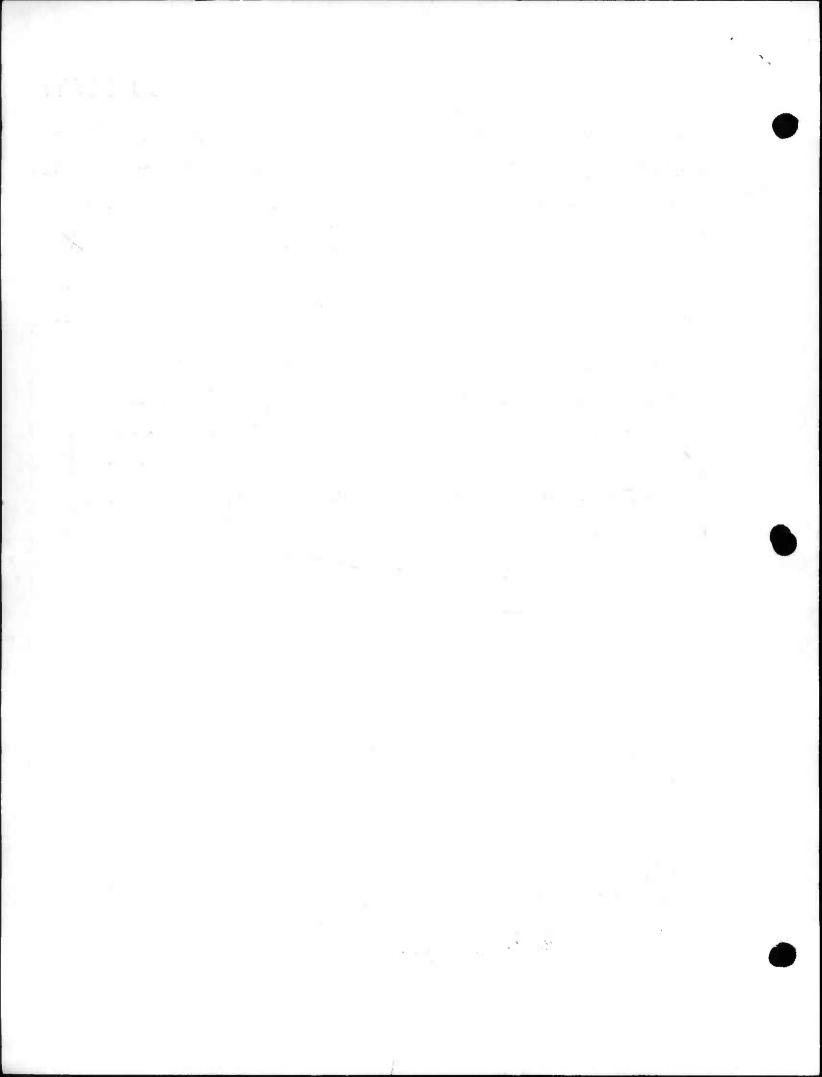


	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VIEW PECCEDS, 1.0. DOX 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tribe filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows an

31. DATE FILED (Month, Day, Your) OCT 1 1 '90

32. REGISTRAR'S SIGNATUR

	FOR	STATE OF MARYLAND	/ DEDADTMENT	T OF UEALTH AND I	MENTAL UVCIEN	. 0	0 28647				
	1 - STATE REGISTRAR			OF DEATH	REG. NO.		0 20041				
	1. DECEDENT'S NAME (First, Middle, Last)	2	7		2. DATE OF DEATH	Y OYE	3. TIME OF DEATH				
	Anna M.	arlitz	last birthday) IF UNDE	R 1 YEAR IF UNDER 24 HRS.	/O //	90) O 17 M				
	101 10 0 0	6. AGE (In yrs.)	NRTHPLACE (State or Foreign quintry)								
æ	9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH										
읝	DVKESVILLE Eldercare Center VKESVILLE CATY RESIDENCE OF DECEDENT										
DIRECTOR	MARY AND 10b. COUNTY	106. COUNTY 106. CITY, TOWN OR LOCATION 11									
	100. STREET AND NUMBER 7309 Seco	d 4400		101. ZIP COOE), j	10g. CITIZEN	OF WHAT COUNTRY?				
FUNERAL	11. MARITAL STATUS	2. WAS DECEDENT EVER IN U.S., FORCES? 1 YES 2 5		WAS DECENDENT OF HISPAN II yes, specify Cuben, Mexica		or No- 14.	RACE — American Indian, Black, White, etc.				
B	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 TYES 2 NO Specify			specify: Libite				
E	15. DECEDENT'S EDUCAT (Specify only highest grade co	mpleted)	DECEDENT'S USUAL C (Give kind of work done life. Do NOT use retired.)	during most of working	16b. KIND OF BUS	SINESS/INDUST	RY				
COMPLET	Elementary/Secondary (0-12) 9 120- 9 rade	College (I-4 or 5+)	Meric	al I Sec	,, Un	known					
S	17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname)										
BE	19a, INFORMANT'S NAME (Type/Print)	MILTAN	10h MAII ING ADDRES	S (Street end Number or Rural I	Shute Number City or Fou	State Zio Cox	5				
일	Ellen F. Volk					tminster, Md. 21157					
	20s. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remove Constion 5 Other (Specify)	al from State 20b. PLAC	raine Pa	ame of cometery, crematory or Irk Cemeter	y Bal	cation — city timore.	or Town, State , Md. 21207				
	21. SIGNATURE OF PUYERAL SERVICE LICEN	ISEE) CI	22	NAME AND ADDRESS OF FA	Eline	Funera	al Home				
	> Lauren	V. Eline	9	34 S. Main S	treet, Ham	pstead.	, Md. 21074				
	23. PART i. Enter the diseases, or complicatione that caused the deeth. Do not enter the mode of dying, such as cerdisc or respiratory errest, Approximate shock, or heart fellure. List only one cause on each line.										
	IMMEDIATE CAUSE (Finel disease or condition CA CA CA CAUSE TO THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUSE OF THE CAUS										
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NO	Sequentially list conditions, b. Clarence Office Chronics Office Clarence already by Maria										
CERTIFICATION	If eny, leading to immediate cause. Enter UNDERLYING										
LIFIC	CAUSE (Disease or injury that initiated events	DUE TO JOR AS A CON	SEQUENCE OF):								
ERI	resulting in death) LAST	U									
_	PART il. Other aignificant conditione	contributing to deeth but no	t resulting in the u	nderlying ceuse given in	Pert i. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
DIC					1 TYES		COMPLETION OF CAUSE OF DEATH?				
ME							1 TES 2 NO				
AN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF OEATH (Ch	neck only one)						
SICI	EXAMINER?	HOSPITAL:	3 DOA 4 PN								
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCUR	ED				
BY	2 Accident Investigation	28e. PLACE OF INJURY — AI		1 YES 2 NO	281. LOCATION (Street		Rurel Route Number,				
TED	4 Homicide 8 Could not be	building, etc. (Specify)			City or Town, State)					
COMPLET	one)	AN: To the best of my knowledge,									
CO	2 MEDICAL EXAMINER	On the basis of examination and	or investigation, in my								
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU	MBER	29d. DATE S	GNED (Month, Day, Year)				
BE	VIII	A 18-		17201	91	1 / 1	1 (2)				



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x nours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	* REGISTRAR		CERTIFI	CATE	F DEATH	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	Card JOH	N ROBERT	CARD,	SR.	2. DATE OF GEATH DA	y g	3. TIME OF DEATH 4.28 / M	
,	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH	_	BIRTHPLACE (State or Foreign	
	013-24-1707	1 2 F	58 YRS.	MONTHS DAY	HOURS MIN.	Jan. 7, 1		country) lassachusetts	
E .	98. FACILITY NAME (If not institution, give so		. 8		n or location of or hmure	EATH		Thmore	
5	RESIDENCE OF DECEDENT	71 70-37-7							
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY	CITY, TOWN OR LOCATION				10d. INSIDE CITY LIMITS?		
	Maryland Harford			ppa				1 🗌 YES 2 🔀 NO	
FUNERAL	100. STREET AND NUMBER 1043 Ensor Drive			10f. ZIP CODE 21085			N OF WHAT COUNTRY?		
2	11. MARITAL STATUS	12. WAS DECEDENT EVE		13. WAS D		IIC ORIGIN? (Specify Yes		I. RACE — American Indian, Black, Whita, atc.	
BY FI	1 Never Merried 2 Merried 3 Widowed 4 Olvorced	FORCES? 1 TYPE IF YES, GIVE WAR OF WWII and I	OATES 1 YES 2 NO Specify:				Puarto Rican, atc.) Black, Whit Specify:		
	15. OECEOENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT'S	york done during	ATION most of working	16b. KINO OF BUS	SINESS/INDUS		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Milita	e retired.)			IS_Cor	rernment	
ОМІ	17. FATHER'S NAME (First, Middle, Last)		PHILLICA	цу	18. MOTHER'S NA	ME (First, Middle, Maiden		eriment	
BE C	Frank R. Card				Mildred	d E. (unl	known)		
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	AODRESS (Stre	et and Number or Rural I	Route Number, City or Tow	n, State, Zip Co	pole)	
10	Tamara Card		1043 E	nsor D	rive, Jopp	oa, Md. 21	085		
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Ram	oval from State	20b. PLACE OF DISPOS other place)		,			y or Town, Stata	
	4 Donation 5 Other (Specify) Dulaney Valley Memorial Garden's Timonium, Md.							m, Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSIFE 12. NAME AND ADDRESS OF FACILITY HOWARD K. McComas III Funeral Home 1317 Cokesbury Rd., Abingdon, Md.							Home, P.A. Md. 21009	
	23. PART I. Enter the diseases, or a shock, or heart fellure.								
	IMMEDIATE CAUSE (Final								
	disease or condition resulting in death) e. Resolvatory Avest Due to (of As A Consequence OF):								
		DUE TO (OR A	S A CONSEQUENCE OF	F):	wald do	40/10			
CERTIFICATION	Sequentially liet conditions, If any, leading to immediate DUE TO (ON AS A CONSEQUENCE OF): DUE TO (ON AS A CONSEQUENCE OF):								
CA	CAUSE (Disagree or Jointy)								
TIE	that initiated evente oue to (OR AS A CONSEQUENCE OF):								
员	L d.								
	PART II. Other eignificent condition	ne contributing to deat	h but not reculting i	in the underl	ying ceuse given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
EDICAL	DM, PVD, H	TN CAD)			1 YES 2		COMPLETION OF CAUSE OF DEATH?	
MEC		1						1 _ YES 2 _ NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	. PLACE OF DEATH (Ch	eck only one)			
YSI	1 _ YES 2 _ NO 27. MANNER OF DEATH	1 - Inpetient 2 - ER/C		4 - Nursing I	forme 5 Residence			n	
ВУ РН	1 Return 5 Pending 2 Accident Investigation	28a. DATE OF INJUI (Month, Day, Yes		URY	INJURY AT WORK? YES 2 NO	28d. DEŞCRIBE HOW	NJUHY OCCU	REO	
	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJI building, atc. (3	URY — At home, ferm, s Specify)	street, factory, o	ffica	28f. LOCATION (Street City or Town, State)		Rural Route Number,	
E	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my ki	nowledge, death occurr	ed at the time.	data and place, and due	to the cause(s) and ma	nner as stated	I.	
COMPLETED	(Critick Orly)							cause(s) and manner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NU	MBER		SIGNED (Month, Day, Yber)	
욘	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	, Print)			1		
	31. OATE FILED (Month, Day, Year)	32. REGISTRAR'S S	IGNATURE						
	Loch Raven 31. OATE FILED (Morith, Day, Year) OCT 11'90	Lulia Davidso	n-Randale						

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mors after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach he find within 72 hours after hearth with the State Deor, of Health and Mental Holiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILED (Month, Day, Year)

OCT 1 2 '90

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	FOR STATE REGISTRAR	STATE OF MARYLAND / DEP/ CERTI	ARTMENT OF HEALTH AND IFICATE OF DEATH	REG. NO.	0 28649
	1. DECEOENT'S NAME (First, Middle, Last) LIIIAN A.	Carter		2. DATE OF DEATH DAY 114	90 3. TIME OF DEATH] 0:3(
		5. SEX 6. AGE (In yrs. last birthda 1 M 2 PF	MONTHS DAYS HOURS MIN	7. DATE OF BIRTH (Month, Day, Year) 6 /8 /93/	BIRTHPLACE State or Foreign Country
LOR	98. SACILITY NAME (If not institution, give street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and street and	Mend number) General	ob city, town antocation of a	eath 9c. county	refester
DIRECTOR	10e. STATE 10b. COUNTY	rehester 10c.	CITY, TOWN OR LOCATION		10d. INSIDE CITY LIMITS? 1 YES 2 AO
FUNERAL	10e. STREET AND NUMBER FUT # BOY S	-/	10f. ZIP COOE 2/64	3 10g. CITIZEI	S Q
COMPLETED BY FUR	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 AND IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic: 1 YES 2 HO Specif	an, Puerto Rican, etc.)	RACE — American Indian, Black, White, atc.
	15. OECEDENT'S EDUCA (Specify only highest grade co	TION 16e. DECEDEN (Give kind life. D6 NO	T'S USUAL OCCUPATION of work done during most of working T upp retired.)	16b. KINO OF BUSINESS/INOUS	TRY
BE COM	17. FATHER'S NAME (First, Middled Last)	rhas	18. MOTHER'S N	ME (First, Migrilla, Marishal Surriament)	e
TO B	Gerald aldre	Lac Ret 1	THE ADDRESS (Street and Number or Rural	Route Number, City of Town, State, in Co	2/643
	20e. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Remov 4 Donation 5 Other (Specify)	al from State other place)	POSITION (Name of cemetery, cremetory or	200. LOCATION CH	y fr Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICE	lan	22. NAME AND ADDRESS OF FA	Cometh 7 up	en Hoge
	iMMEDIATE CAUSE (Finei disease or condition	st only one cause on each line	Atheroscleroti		t, Approximate interval Between Onset and Death
CERTIFICATION	Sequentielly liet conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSEQUENCE OUE TO (OR AS A CONSEQUENCE DUE TO (OR AS A CONSEQUENCE DUE TO (OR AS A CONSEQUENCE	(Presence of EODCVA, Major W	eserved) ith Dense Heme	aparesis
MEDICAL	PART II. Other significent conditions	contributing to death but not resulti	ng in the underlying couse given in	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHTSICIAN:		HOSPITAL:	26. PLACE OF DEATH (C		
	1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year) 28b.	TIME OF INJURY AT WORK? M 1 YES 2 NO	6 Other (Specify) 28d. OE\$CRIBE HOW INJURY OCCU	REO
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, ter building, atc. (Specify)		2st. LOCATION (Street and Number or City or Town, State)	Rural Route Number,
COMPLETED	Control of the	AN: To the best of my knowledge, death occ On the basis of examination and/or investig			
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Michael J. Fad	den, M.D. 29c. LICENSE NU	MBER 29d. DATE 5	SIGNEO (Month, Day, Year)
6	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITEM 27)	Type, Print) 901/105 /ferilack	md 21643	

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46	physician.	bunial-transit
203-31	attending	use as the
BALTIMORE, MARYLAND 21203-3146	ter death. Page 6 may be retained by the hospital or attending physiciar	the funeral director, page 5 should be detached for use as the burial-transit permit
ARYL,	etained by t	should be
Æ, N	may be n	ir, page 5
MOF	Page 6	al directo
BALT	ter death.	the funera

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a second that the fact that the retained by the attending physician and completely filled in by the funeral director, page 5 should be detached the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

}	1, DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF CEATH												
	JUANITA M. CARDER											05:24 am	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les 70	n yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIR (Month, Day.									
	236146133	1 🗆 M 2)(1 F	70	YRS. WONTHS DAYS HOURS WIN.					10-12-1919 County			NV .	
	9e. FACILITY NAME (If not institution, give st				9b. CITY, TOWN OR LOCATION OF OEATH 9c. COUNTY OF DE				EATH				
OR	SACRED HEART HO	SPITAL		CUMBERLAND ALLEGAN			ANY						
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			10c CITY	, TOWN OF	LOCAT	TION						10d. INSIDE CITY
DIRECTOR	MD Allega	ny			perla								LIMITS?
BY FUNERAL I	100. STREET AND NUMBER 2003 Bedford Roa	 .d					1. ZIP COD	E			10g. CIT		WHAT COUNTRY?
N.	44 MARITAL STATUS TO 5	42 WAS DECEDEN	T EVER IN II S T	BIED	T 42 W			NE MICRAN	IIC ORIGIN? (Sp	a alfu. Va a			E American Indian,
5	11. MARITAL STATUS XX 1 □ Never Merried 2 Merried 12. WAS DECEDENT EVER IN U.S. AT FORCES? 1 □ YES 2 1 □ YES (SIVE WAR OR DATES				If	yee, ep	ecity Cube	n, Mexice	n, Puerto Ricen,	etc.)	01.110—	Blec	k, White, etc.
B	3 Widowed 4 Divorced	IF TES, GIVE W	AN ON DATES		Ι'	1E3	2 NO	эрвину	·.			W	hite
ED	15. DECEDENT'S EDUC (Specify only highest grade		18e. Di	CEDENT'S live kind of w	USUAL OC	CUPATI	ON net of working	na	18b. KIND	OF BUS	INESS/INI	DUSTRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5 +	. Ith	et. r	e retired.)				N ₁	ırsi	na		1
MP					0910	-							
COMPLETED	17. FATHER'S NAME (First, Middle Last) GEORGE J. King								me (First, Middle, Farnswo				
BE			Τ.,										
2	190 Mr. Brice Carder		2	003 B	edfo	rd .	Road	Cumb	Poute Number, Cl perland	, MI	215 215	02	
	Page METHOO OF DISPOSITION 1 N Buriet 2 Cremetion 3 Remo	oval from State	20h PLACE WOOO	og olspos sæale	Memo	oria	al Pa	natory or LLK		graf	eton,	City or T	own, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 25. MANE AND ADDRESS OF FACILITY ALL HOme Cumberland, MD 21502												
	> Jones 7	& Cay	pell		ci		erlar	nd, M	D 2150	2			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or haert failure. List only one cause on each line.												
	Onset and Death												
	disease or condition resulting in death)	. Card	no-1	gos	Na	Jo	24	30	rulur	٥			4 days
	deases or condition resulting in death) o. Carrio - Respiratory Failure Out to (OR AS A CONSCOUENCE OF): 4 days								4				
No	Sequentially list conditions, Due to (or as a consequence of):												
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING												
	CAUSE (Disease or Injury that Initiated events Due to (OR AS A CONSEQUENCE OF):												
토	resulting in death) LAST												
2	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS												
MEDICAL	DEDECORMED 2 ANALY AND E PRICE TO												
	DF DEATH?												
	1 YES 2 NO												
A	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one)												
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER		me 5 🗆 R	lesidence	8 Other (Spe	ecify)			
PHYSICIAN:	27, MANNER OF DEATH	28e. DATE OF (Month, E		28b. TIM		28c. IN	JURY AT		28d. DESCRIE		NJURY O	CCURED	
ВУР	1 Natural 5 Pending 2 Accident Investigation	(MONI), L	ray, roar)	100	M		YES 2	□ NO					
	3 Suicide 8 Could not be	28e. PLACE C	of INJURY — At h	ome, farm,	street, facto	ory, offi	ce		28t. LOCATION City or Tox			er or Rural	Route Number,
1	4 Homicide determined												
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best o	my knowledge, d	leath occurr	ed at the ti	me, dat	e end plac	e, end due	to the cause(e)) and mer	nner ee st	ated.	
O	one) 2 MEDICAL EXAMINE	R: On the beele of e	examination end/o	Investigation	on, in my o	pinion,	death occu	ared at the	time, date and	piace, en	d due to	the cause	(e) end manner ee stated.
	296. SIGNATURE AND TITLE OF CERTIFIE	R	10.14	101	1 1		29c. LIC	CENSE NU	MBER		29d. DA	TE SIGNE	D (Month, Day, Year)
O BE	J. W. Miles 1	nd, v	P me	1.4	pir	S	0	0 -	7004	-	> 1	0/	8/90
2	30. NAME AND ADDRESS OF PERSON WH	MD COMPLETED CALL	SE OF DEATH (IT	EM 27) (Type CRE	Print)	1E	ART	- 4	HOSPI	TA1			
	31. DATE-FILEO (Mouth, Ber Mark			-11-	ו נו	4 (100)	1411		, -31 ,				
	31. ONE FULTO (MOIN). 1990 Sulia Dandon-Mandal												

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TO THE HOSPITAL OR AITENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

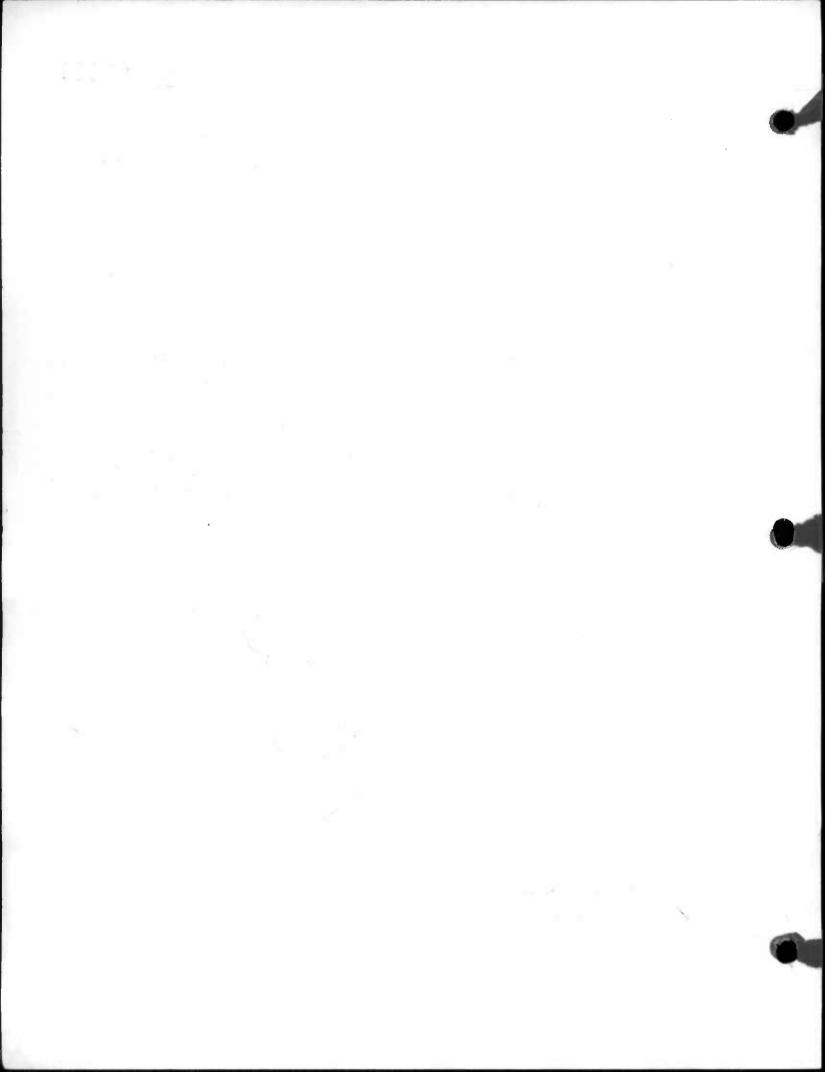
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

28651

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 9	
OEITH TOATE OF BEATT	HEG. NO.	_

,	FOR STATE REGISTRAR	TATE OF MARYLAND			HEALTH AND N	MENTAL HYGIEN		2000.					
	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA		3. TIME OF OEATH					
ľ	101	ITTIG	CRU	Z		9 30	90	5:15 P M					
1		SEX 6. AGE (In yrs.		IF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year)	C	RTHPLACE (State or Foreign ountry)					
H		M 2 🗆 F 39	YRS.	41 01711 2001		09 26 195		rginia					
~	9s. FACILITY NAME (If not institution, give street				/N OR LOCATION OF DE		9c. COUNTY C	OF CEATH					
6	University Ho	spitai		В	altimore C	ıty	N/A						
DIRECTOR	10a. STATE 10b. COUNTY			Y, TOWN OR LO	CATION		10d. INSIDE CITY LIMITS?						
	Maryland Prince (eorge's	Gre	enbelt			1	1 X YES 2 NO					
RAI	100. STREET AND NUMBER 6950 Hanover Parky	4101			10f. ZIP CODE			OF WHAT COUNTRY?					
FUNERAL		WAS DECEDENT EVER IN U.S.	ARMED	13. WAS	20770 DECENDENT OF HISPAN	IIC ORIGIN? (Specify Yes	S.A.						
	1 Never Married 2 Married	FORCES? 1 YES 2 THE YES, GIVE WAR OR DATES		tf yes	, specify Cubsn, Mexical YES 2 XNO Specify	n, Puerto Rican, etc.)	1	Black, Whits, atc.					
© 3 Widowed 4 XDivorced Whit													
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12th Grade 16a. DECEDENT'S USUAL OCCUPATION (Sipe kill of a work done during most of working (Sipe kill of a work done during most of working (Sipe kill of a work done during most of working (Sipe kill of a work done during most of working (Sipe kill of a work done during most of working (Sipe kill of a work done during most of working (Sipe kill of a work done during most of working (Sipe kill of a work done during most of working (Sipe kill of a work done during most of working (Sipe kill of a work done during most of working (Sipe kill of a work done during most of working (Sipe kill of a work done during most of working (Sipe kill of a work done during most of working (Sipe kill of a work done during most of working (Sipe kill of a work done during most of working (Sipe kill of a work done during most of working (Sipe kill of a work done during most of working (Sipe kill of a work done during most of working (Sipe kill of a work done during most of working (Sipe kill of a work done during most of working (Sipe kill of a work done during most of working (Sipe kill of a work done during most of working (Sipe kill of a work done during most of working (Sipe kill of a work done during most of working (Sipe kill of a work done during most of working (Sipe kill of a work done during most of working (Sipe kill of a work done during most of working (Sipe kill of a work done during most of working (Sipe kill of a work done during most of working (Sipe kill of a work done during most of working (Sipe kill of a work done during most of working (Sipe kill of a work done during most of working (Sipe kill of a work done during most of working (Sipe kill of a work done during most of working (Sipe kill of a work done during most of working (Sipe kill of a work done during most of working) (Sipe kill of a work done during most of working) (Sipe kill of a work done during most of work done during most of work done during most of wor													
PLE	1011 0 1	ollege (1-4 or 5+)		•		Marada	الما المم						
12th Grade ————————————————————————————————————													
Jesus P. Cruz Myrtle Wittig													
TO B	19a. INFORMANT'S NAME (Type/Print)				et and Number or Rural F								
-	Myrtle W. Bowden				elt Road,								
	20s METHOD OF DISPOSITION 1 Burisl 2 Crymellon 3 Removal	from State 20b. PLAC		oln Cer	cemetery, crematory or		CATION — City of	d, Maryland					
	4 Donatton 5 Cother (Specify)	/ / 177	Lillo										
	MILA	15 1/2						Home, P.A.					
	7 JUNC/0	1 Out	~					e, Md. 20781					
	23. PART I. Enter the diseasea, or com shock, or heart fallure. List			not enter the	mode of dying, suc	n aa cardiac or reap	iratory arreat,	Approximate Interval Between					
	IMMEDIATE CAUSE (Final disease or condition	Mallinle Teri						Onset and Death					
	resulting in death) Multiple Injuries Due TO (OR AS A CONSEQUENCE OF):												
z	Sequentially list conditions.												
임	Sequentially list conditions, If any, leading to immediate D. OUE TO (OR AS A CONSEQUENCE OF):												
S	CAUSE (Disease or injury												
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (ON AS A CON.	SECOLINCE O	·).				į					
E	d												
	PART II. Other algnificant conditions co	ontributing to death but no	ot reaulting	in the under	lying cause given in	Part J. 24a. WAS AN PERFO		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO					
8						1 💢 YES :	2 🗆 NO	OF DEATH?					
×						— (Head	Only	1 X YES 2 NO					
AN	25. WAS CASE REFERRED TO MEDICAL			9	6. PLACE OF DEATH (Ch		Offity)						
PHYSICIAN: MEDICAL	EXAMINER?	OSPITAL:	3 D DOA	OTHER:	Home 5 - Residence								
¥	27. MANNER OF DEATH	28s. OATE OF INJURY	28b. TIR	E OF 280	. INJURY AT	284 DESCRIBE HOW	INJURY OCCURE	0 , ,					
ВУР	1 Natural 5 Pending XXXXAccident trivestigation	(Month, Day, Year) 9-30-90		5P M 1	WORK?	Pedestri thrown/	an stru 'impacte	ick by auto/ ed 2nd auto					
	3 Suicide 8 Could not be	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm,	street, factory,	office	281. LOCATION (Street City or Town, State	and Number or A	ural Route Number. L & Madison_					
	4 Homicide determined		st	reet		Avenue, E	Baltimo	re. Maryland					
뒽	(Orlow Diny	N: To the best of my knowledge,											
COMPLETED	2 XX MEDICAL EXAMINEN: 0	On the basis of sxamtnation and	/or investigati	on, in my opini	on, death occured at the	time, dats and place, a	nd dus to the cs	use(s) and menner as atated.					
BE (296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI			GNED (Month, Day, Year)					
6	30. HANE AND AGORESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH /	ITEM 271 /F-	Print)	OCM	3	1	.0-1-90					
	Ann M. Dixon, M.D				enn Street	Raltimor	- MD	21201 vl					
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNATUR	Ε.		PIUI POTEGE	, Dartinol		Z1ZU1 V1					
	OCT 0 5 '90	Julia Savidson	~ Hand	SE.									

DHMH-18 Rev 1/89



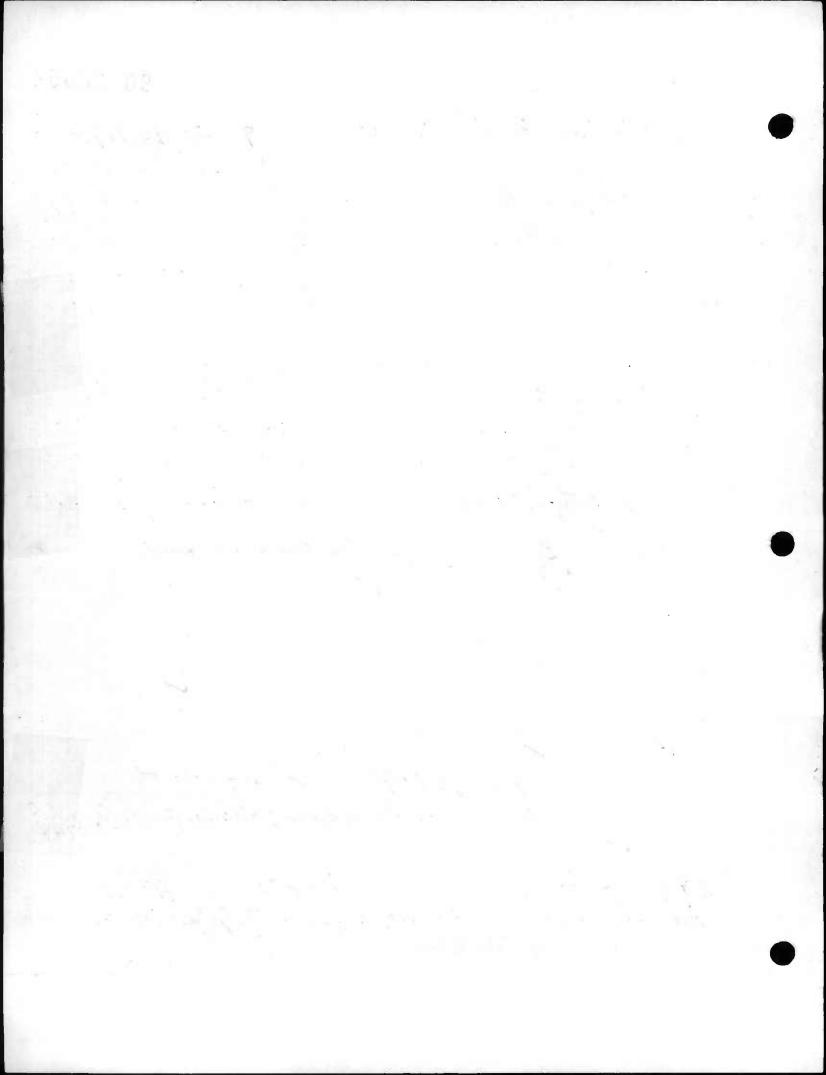
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a four after death. Page 6 may be retained by the hospital or attending physician. TO THE FINEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit one billed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

	1 - STATE REGISTRAR	SIAIL OF N	CE	RTIF	ICATE OF	DEAT		REG. NO		30		
	1. DECEDENT'S NAME (Fligt, Middle, Last)	WILLIAM	KEVIN (SAAC		2.	DATE OF DEATH	"- G	YEAR /	3. TIME OF DEATH	м
	4. SOCIAL SECURITY NUMBER 214-08-7249	5. SEX 1 XX M 2 ☐ F	6. AGE (In yrs. lest	birthday)	IF UNDER 1 YEAR	IF UNDER 2	ARRA	DATE OF BIRTH (Month, Day, Year) June 21,1	968	Country)	LACE (State or Foreign	
TOR	90. FACILITY NAME (If not institution, give so So · MANY/AN	_ 11	SPITHL	,	9b. CITY, TOWN	OR LOCATION	N OF DEATH			NTY OF DEA		,
DIRECTOR	RESIDENCE OF DECEDENT 104. STATE 10b. COUNTY	,		10c, CIT	Y, TOWN OR LOCA	TION					IOd. INSIDE CITY LIMITS?	
		nce Georg	es		Fort Was		on			i	YES 2 NO	
FUNERAL	100. STREET AND NUMBER 1606 Polling Av	renue			10	2074	44			10g. CITIZEN OF WHAT COUNTRY? United States		
84	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1	2. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DEC					ORIGIN? (Specify Yea werto Ricen, atc.)	14. RACE - Black, Specify:	American Indian, White, etc.		
COMPLETED	16. DECEDENT'S EDU (Specify only highest grade Elementery/Secondary (0-12) 12th grade		(Gh	ve kind of Do NOT u	work done during m se retired.)	est of working		Prince			chool Boa	ard
ON	17. FATHER'S NAME (First, Middle, Last)						ER'S NAME (First, Middle, Meiden		0		
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DT OT	190. INFORMANT'S NAME (Type/Print) William Roland Cus	saac (fat						Number, City or Tow t Washin			land 2074	4
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Rem		20b. PLACE C	OF DISPO	SITION (Name of ce	metery, creme	atory or	20c. LO	CATION -	City or Town	n, State	
	1 M Buriel 2 Cremetion 3 Removal from State 4 Donotion 5 Other (Specify) Sunset Memory Gardens 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											ina
	Eurof Salte	15/16	mon					Latney'				
CERTIFICATION	23. PART I. Entar the diseasea, or complications that caused the death. Do not entar the mode of dying, such as cardiac or respiratory erreat, abock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
PHYSICIAN: MEDICAL C	PART II. Other significant condition	e contributing to	death but not re	esulting	in the underlyir	g cause g	iven in Par	24a. WAS AN PERFOR	RMED?		VERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				LACE OF OE	ATH (Check	only one)				
YSI	1 NES 2 NO	1 Impatient 2	ER/Outpatient 3		OTHER:							
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF	12-90	84 84	W COUNTY	JURY AT DRK? YES 2	1	d. DESCRIBE HOW	lie L	CURE		
	3 Suicide 8 Could not be 4 Homicide determined	286. PLACE Of building,	of INJURY — At house atc. (Specify)		Polling	Ascens	LE , P.	1. LOCATION (Street City or Jown, State)	nd Number	or or Bural Fin	Gergoll	12
COMPLETED		CIAN: To the best of R: On the basis of e									end manner sa state	g.
8	296 AGNATURE AND TITLE OF CERTIFIES	Muss	an			29c. LICE	2-30	2	29d, DAT	TE SIGNED (Month, Day, Year)	
24	30 NAME AND ADDRESS OF PERSON WHO	delicu	SE OF OEATH (ITEM	7,52	o, Print) Rac	bu	ml	TRCPS	in.	ma	2074	8
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	AR'S SIGNATURE	M.								



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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24
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90 28653 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH FRIEDA ALMA CLARK October 1815 1990 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign DAYS HOURS 87 YRS. 1 🗌 M 2 🗷 F 04 09 1903 157-14-1654 New Jersey 9s. FACILITY NAME (If not institution, give street and number) 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Peninsula General Hospital Salisbury, MD DIRECTOR Wicomico RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 10b. COUNTY MD. Wicomico Salisbury X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 50 & Civic Ave. 21801 Rt. U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE - American Indian, Black, White, etc. FORCES? 1 YES 2 If yea, specify Cuban, Maxican, Puarto Rican, atc.) 1 Never Merried 2 Married 1 TYES X NO Specify: Specify: white ΒY 3 Wildowed 4 X Divorced ETED 18e. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) waitress restaurant COMPL 11 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) F. MAX HESSLER MARIE AXTEN 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Doris Murray 405 E. Sara Ann Court Absecon N.J.08201 20s. METHOD OF DISPOSITION 20c. LOCATION - City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 1 Surial 2 Cremation 3 Removal from State
4 Donalion 5 Other (Specify) Fairview Cemetery Westfield N.J. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AGORESS OF FACILITY Thomas Funeral Home envetoR The Cambridge MD 700 Locust St 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, **Approximata** shock, or heert fellure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition ____ permonal Me DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated evente resulting in deeth) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS 24a. WAS AN AUTOPSY MEDICAL PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL:
1 Pringationt 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 26c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO B 2 Accident 28e. PLACE OF INJURY — At home, ferm, atreet, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide ETED 6 Could not be 4 Homicide determined 29a. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. COMPL 2 _ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner se stated. 29c. LICENSE NUMBER 29d. OATE SIGNED (Month, Day, Year) BE 2

Medcenter

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MPORTANT

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAN'S SIGNATURE
GILLA Davidson-Randale

byzancz

09'90

31. DATE FILED (Month, Day, Year)

			FOR 1 - STATE REGISTRAR	STATE OF I			RTMENT				MENTAL HYGIEN REG. NO.		0 2	8654
			,1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATN	v		TIME OF DEATH
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-	7	1	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. ia:	st birthday)	IF UNDER		IF UNDER		7. DATE OF BIRTN (Month, Day, Year)		8. BIRTNPLA Country)	ACE (State or Foreign
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AND Z	Once.	COMPL	17. FATHER'S NAME (First, Middle, Last)	_					10.00		ME (First, Middle, Maiden	Sumame)		
3	3 %	ш	Antonio Bonatucc	i					Gi	lovir	na Fedele			
be retained	notified	B	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILIN	G ADDRES	S (Street a	nd Numbe	or or Rural	Route Number, City or Tow	n, Stefe, Zip	Code)	
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may b	t be		20a. METNOD OF DISPOSITION 1 X Deurial 2 Cremation 3 Remo	umi from Stele	20b. PLACE		SITION (N	me of cer	metery, cre	metory or	20c. LO	CATION —	City or Town,	Stata
Page 6 may	must		4 Donation 8 Other (Specify)	, van nom oung	Resurrection Cemetery						Clin	ton,Md	1.	
P. 29	examiner		21. SIGNATURE OF FUNERAL SERVICE/LIC	ENSEE)	70		22.	MAME A	ND ADDRE	A 1 OZ	kander Feri	inera.	1 Home	e, INC.
after death.	examine		MATH	14/6	h			ככט !lint	con.N	$\frac{A}{10}$	20735	. у кос	au	
after of	ical		23. PART I. Entar the diseases, or c	omplications th	at caused tha d	aath. Do	not antai	the mo	da of dy	/Ing, suc	ch as cardiac or resp	Iratory arr	eat,	Approximate
Surs	OF		shock, Dr haart fallure. I IMMEDIATE CAUSE (Final	Liat only ona ca	use on aach IIn	a.								Onset and Death
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with!	cremit		resulting in death)	DUE TO	OR AS A CONS	OUENCE	OF):	//	/ /	y	Q-cd / fu	-	- 7	†
executed within		z	disease or condition resulting in death) a. Jenure Adult Requiring Darhim Cynclome & Amythning Due to (or as a consequence or): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reculting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):											
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- 00	2 0 2	A	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF	DEATH (C	heck only one)			
OF VITAL PHYSICIAN: The I	th the State Id, or item	PHYSICIAN:	EXAMINER?	HOSPITAL:	☐ ER/Outpetlant	3 DOA	OTHE 4 Nu		ne 5 🗆 F	Residence	8 Other (Specify)			
0	th the	Ť	27. MANNER OF DEATN	28a. DATE O	F INJURY Day, Year)	28b. TI	ME OF	28c. IN.	JURY AT		28d. DESCRIBE NOW	INJURY OC	CUREO	
	eath with marked	>	1 Natural 5 Pending Investigation	(Internal)	ouj, nou)	1 "	М		YES 2	□ NO				
TENDING	death	D B	3 Suicide 8 Could not be	28a. PLACE	OF INJURY — At I	ome, farm	, street, fac	tory, offic	20	-	28f. LOCATION (Street City or Town, State		or Rural Rou	te Number,
ATTENDING	DIRECTOR: After hours after death item 28 is ma	ETEI	4 Homicide detarmined		,, (, ,									
S & S	hours	12	29e. CERTIFIER 1 CERTIFYING PNYSI	CIAN: To the best	of my knowledge, o	death occu	rred at the	ilme, detr	and plac	e, and du	a io the cause(a) and ma	nner as stel	ted.	
THE HOSPITAL OR	Within 72 ITANE: If	COMPL	000	R: On the beals of	axamination and/o	r investigat	lon, in my	opinion,	death occ	ured at the	a time, data and placa, a	nd due to th	he cause(a) a	nd manner as stated.
505	fled within PORTANT:		29b. SIGNATURE AND TITLE OF CERTIFIES	1					29c. Lit	CENSE NU	IMBER	29d. DAT	E SIGNED (M	lonth, Day, Year)
E	Fled Fled	BE	Levis When	BIN	9				01	7/6	2	11	0/4/9	î O
6	3	임	30. NAME AND ADDRESS OF PERSON WH	O COMPLÉTEO CA	USE OF OEATH (IT	EM 27) (7)7	oe, Print)				4		1	
(1	U)		(inon whithy MI	95	56 CR1	Ann	Hury	U	pper	mo	nkno M	0 20	772	5
_			31. DATE FILED (Month, Day, Year)	32. REGISTE	AR'S SIGNATURE	Q_	0			-				
			ULI U 7 30 9	with the state of	DI I I I I I I									

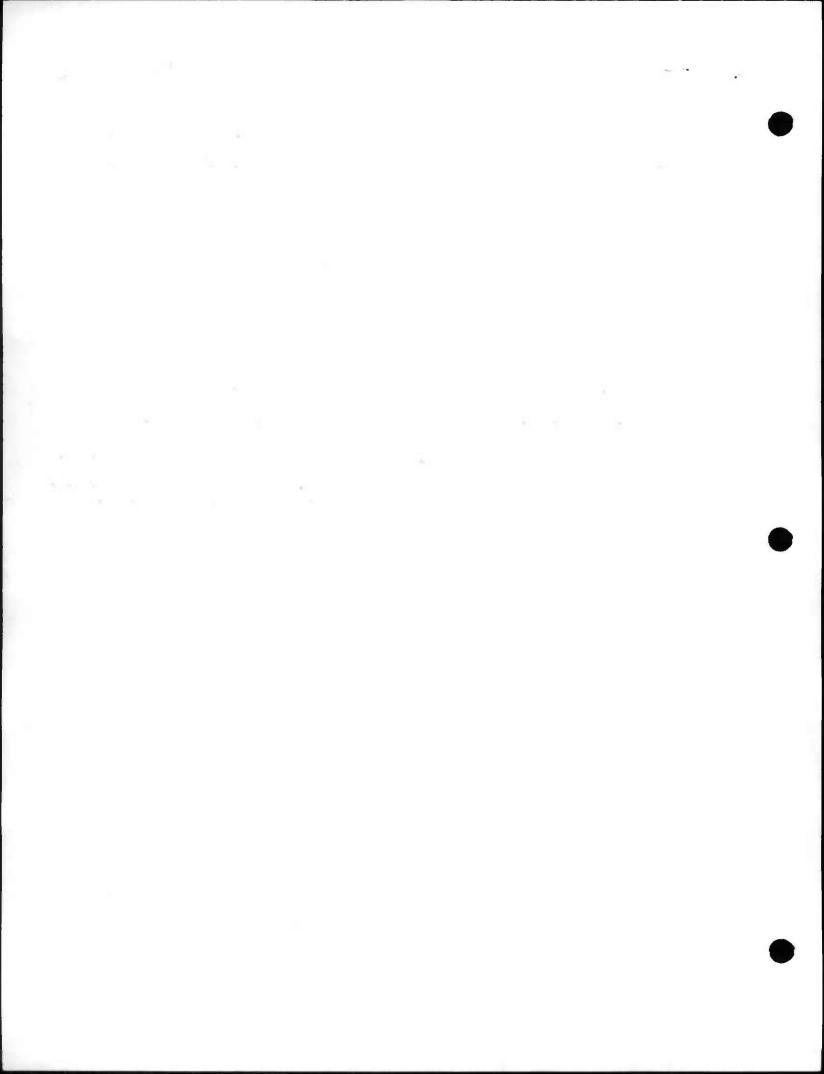
FOR

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFI	CATE OF	DEATH	F	REG. NO.							
A. DECEDENT'S NAME (First, Middle, Last)	CO CONTINUENT	TINE			2. DATE OF MONTH	D/	NY .	YEAR		F DEATH			
ESTHER FRANCI					Oct.	8	19		5:10		М		
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96. FACILITY NAME (If not institution, give stre 2007 Cherry Road	et and number)		9b. CITY, TOWN O		9c COUNTY OF DEATH Harford								
RESIDENCE OF DECEDENT 100. STATE 100. COUNTY Maryland Hart	Ford		r, town on Locat Idgewood	ION			10d. INSIDE CITY LIMITS?						
100. STREET AND NUMBER				. ZIP CODE			1 ☐ YES 2€ N						
2007 Cherry Road			2104				U	SA					
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15. OECEDENT'S EOUCA (Specify only highest grade of	ompleted)		USUAL OCCUPATION OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CO		18b. Kil	ND OF BUS	SINESS/IN	DUSTRY					
Elementary/Secondary (0-12)	College (1-4 or 5+)		usewife			ho	me						
17. FATHER'S NAME (First, Middle, Last) Robert W. Kelm 18. MOTHER'S NAME (First, Middle, Melden Surneme) Mary F. Joyce													
ne. informant's name (Type/Print) Michael C. Hickey,	Jr.	19b. MAILING 2010	ADDRESS (Street a Pulask	nd Number or Rural i i Highwa	Poute Number, Y, Edo	City or Tow JEWOC	n, State, Z	$\mathbf{d} \cdot 2$	1040				
20a. METHOD OF DISPOSITION 1 2 Burlel 2 Cremation 3 Remove 6 Donetion 6 Other (Specify)	val from State	other place)	LACE OF DISPOSITION (Name of cometery, crematory or ther place) Mt. Erin Cemetery						20c. LOCATION — City or Town, State Havre de Grace, Md.				
1. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	1100 111	22. NAME AN	o address of fa	CILITY								
Devers K1	We Corn	es III	1317	Cokesbu	ry Roa	d, A	bing	don,					
23. PART I. Enter the diseases, or co ahock, or haert fellure. L IMMEDIATE CAUSE (Final disease or condition	lst only one cause on a	ech line.			h aa cardiad	or reap	iratory a	rrest,	Into On	proximate erval Bety set and D	veer		
resulting in deeth)	As perotion our to con as Alzlieum	A CONSEQUENCE OF	F):						-	2 HR			
Sequentielly liet conditions, if any, leading to immediate		A CONSEQUENCE OF		erc.						6 YR	٠ الح		
cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	F):								_		
PART II. Other algorificant conditions Suzivit Disco	Λ	out not reaulting i	in the underlying	g cauae given in		la. WAS AN	RMED?	24		TOPSY FIND E PRIOR TO TON OF CAU			
					_ '	TYES :	S (S) NO		OF DEATH				
25. WAS CASE REFERRED TO MEDICAL			26. PI	LACE OF DEATH (C)	neck only one)						_		
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Out	patient 3 DOA	OTHER:	\$1		Specify)							
27. MANNER OF DEATH 1 Natural 5 Pending	28a. OATE OF INJURY (Month, Day, Year)	28b. TIM	IE OF 28c. INJ	URY AT ORK? YES 2 NO	28d. DESCR		INJURY O	CCUREO					
2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, and solfy)				ON (Street Town, State	treet and Number or Rural Route Number, State)						
290. CERTIFIER (Check only	IAN: To the best of my know									_			
2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	: On the besis of examinati	on end/or investigation	on, in my opinion, o	leath occured at the 29c. LICENSE NU		d piece, a			(e) end mer		ed.		
	Wa				207		•	18	8/9	0			
30. NAME AND ADDRESS OF PERSON WHO	ELLA CA	MILC EA	Print)	827 BA	LINDE	MA	DE 212	201.					
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE											



BALTIMORE, MARYLAND 21203-314	1.24 mours after death. Page 6 may be retained by the hospital or attending	y filled in by the funeral director, page 5 should be detached for use as the siton, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 wours after death. Page 6 may be retained by the hospital or attending pl	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the by hours after death with the State Dept. of Health and Memtal Hyglene prior to burial, cremation, or removal.

~		1 - STATE REGISTRAR		ND / DEPAR CERTIF	ICATE OF	DEATH	REG. NO				
		1. DECEDENT'S NAME (First, Middle, Last)	C 22						3. TIME OF DEATH		
~)	1		ean caddy	yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	10 - 05		6:00p BIRTHPLACE (State or Foreign		
Р.)		□ M 2 V F 68		MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	. '	Country)		
ال	1	9e. FACILITY NAME (If not institution, give stre	21 00		9b. CITY, TOWN C	R LOCATION OF DE	09-27-2	9c. COUNTY	Pennsylvania of DEATH		
	СТОЯ	Carroll County Ger	neral Hospita	al	Westmi	nster		Carr	oll County		
	Ä	10e, STATE 10b, COUNTY		10c. CIT	Y, TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?		
	DIRE	Pennsylvania Cami	oria	Jo	ohnstown				1 TYES 2 NO		
	¥	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
	FUNERAL	335 Oakridge Dri				15904		U.S	.А.		
	5	11. MARITAL STATUS 1 Never Merried 2 Merried	2. WAS DECEDENT EVER IN U FORCES? 1 _ YES	J.S. ARMED			IC ORIGIN? (Specify Ye n, Puerto Rican, etc.)	e or No 14.	RACE — American Indian, Black, White, etc.		
	BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	ES	1 TYES	2X NO Specify	•	- 1	Specify: U.S.A		
		15. DECEDENT'S EDUCA	rion -	18e. DECEDENT'S	USUAL OCCUPATION	ON	18b. KIND OF BU	SINESS/INOUS			
		(Specify only highest grade co	mpleted) College (1-4 or 5+)	(Give kind of the Do NOT us	work done during mo se retired.)	st of working					
	7	12	Soliege (1-4 O. 5 +)	Homer	naker		Do	mestic			
once.	COMPL	17. FATHER'S NAME (First, Middle, Last)		***************************************		18. MOTNER'S NA	ME (First, Middle, Maiden				
76	ш	M.J. Hamner				Marga	aret Chris	tensen			
notified	10 B	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Tov	vn, State, Zip Co	de)		
	F	Susan Westrick		Syke	sville,	Maryland	21784				
st be		26e, METHOD OF DISPOSITION 1 M Burlel 2 Cremetion 3 Remov	20b. I	PLACE OF DISPOS	SITION (Name of cen	netery, crematory or		CATION — City			
r must		4 Donetion 5 Other (Specify)		Richlan	nd Cemet			hnstow	n, PA		
examiner must be	1	21. SIGNATURE OF FUNERAL SERVICE LICE		1		NO ADDRESS OF FA	AL HOME (P	O BO	v 195)		
- e		· Brian &	Thurst				VID 21784 (
at, cremation, or event, the me	2.	shock, or heert fallure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	DUE TO (OP AS A C	11	Beast gabely	Camer			interval Betw Onset and D		
rtal Hyglene prior to burlat, y, or other traumatic en	CERTIFICATION	Sequantially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in daeth) LAST DUE TO (OP AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):									
pt. of Health and Mental	MEDICAL	PART II. Other aignificant conditions	contributing to death bu	t not resulting	in the underlying	g cause given in	PERFO	rt I. 24s. WAS AN AUTOPSY PERFORMED? t YES 2 NO			
10 of	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26 01	LACE OF DEATN (Ch	nak neti anal		l		
S 0	2		HOSPITAL:	101 a D 664	OTHER:		Armen III. and a second				
2 2	≥	27. MANNER OF DEATH	28e. DATE OF INJURY	28b, TIN		IURY AT	8 Other (Specify) 28d. DESCRIBE NOW	INJURY OCCUP	ED		
the State De or item 2	T 1		JURY WO	PRK?							
with the State De		1 Natural 5 Pending	(Month, Day, Year)		M 1 YES 2 NO At home, farm, street, fectory, office			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
with the State De irked, or item 2	ED BY	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	(Month, Day, Year)	A1 home, farm,					Rural Route Number,		
ours after death with the State De em 28 is marked, or item 2	ED BY	2 Accident Investigation 3 Suicide 8 Could not be defermined	(Month, Day, Year) 28e. PLACE OF INJURY - building, etc. (Specifi	y)	street, fectory, offic	•	City or Town, State)	Rurel Route Number,		
ours after death with the State De em 28 is marked, or item 2	ED BY	2 Accident Investigation 3 Suicide S Could not be determined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYSICI	(Month, Day, Year) 28e. PLACE OF INJURY - building, etc. (Specifi	dge, death occur	street, fectory, office	end plece, and due	City or Town, State	enner ee stated.	· · · · · · · · ·		
ours after death with the State De em 28 is marked, or item 2	D BY	2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	(Month, Day, Year) 28e. PLACE OF INJURY - building, etc. (Specifi	dge, death occur	street, fectory, office	e end piece, and due	City or Town, State 10 the ceuse(a) and mo	enner ee stated.	euse(s) end manner es state		
ours after death with the State De em 28 is marked, or item 2	E COMPLETED BY	2 Accident Investigation 3 Suicide S Could not be determined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYSICI	(Month, Day, Year) 28e. PLACE OF INJURY - building, etc. (Specif. AN: To the best of my knowle on the bests of examination	dge, death occur	street, fectory, office	end plece, and due	City or Town, State 10 the ceuse(a) and mo	enner ee stated.			
after death with the State De	BE COMPLETED BY	2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND ATTLE CF CERTIFIER	(Month, Day, Year) 28e. PLACE OF INJURY - building, etc. (Specification) AN: To the best of my knowled on the bests of examination	y) dge, death occur end/or investigati	street, fectory, officed at the time, date on, in my opinion, d	e end piece, and due	City or Town, State 10 the ceuse(a) and mo	enner ee stated.	euse(s) end manner es state		
ours after death with the State De em 28 is marked, or item 2	E COMPLETED BY	2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	(Month, Day, Year) 28e. PLACE OF INJURY - building, etc. (Specification) AN: To the best of my knowled on the bests of examination	dge, death occurrend/or investigation	street, fectory, officed at the time, date on, in my opinion, d	e end piece, and due	City or Town, State to the ceuse(e) end me time, date end place, e	enner se stated. Indidue to the c	euse(s) end manner es state		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a require that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1; 2, 3 is filled within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CENTI	FICAL	E OF DEATH	REG. NO.		3. TIME OF DEATH				
						MONTH DAY	YEAR	5:20 P.				
	4. SOCIAL SECURITY NUMBER	SEX 6. AGE	(In vrs. last birthde	(F LINDE	R 1 YEAR IF UNDER 24 HRS.	10-6-90 7. DATE OF BIRTH	6 BIRTHE	LACE (State or Foreign				
	230-38-8259	□ M 2.□ F	59 YRS	MONTHS	DAYS HOURS MIN.	(Month, Day, Year) 1 – 1 – 3 1	Hurl	ev. Va.				
	9a. FACILITY NAME (If not institution, give street	t and number)		9b. CIT	Y, TOWN OR LOCATION OF	DEATH 9c.	COUNTY OF DE	ATŘ				
	Devine Haven Nu	rsing Hom			Elkton		Cecil					
	Md . Ce	ecil	10c. (or location lkton			10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
	100. STREET AND NUMBER 224 E. Main Stree	et			101. ZIP CODE 2192		U.S.					
	11. MARITAL STATUS 1 1 VNever Married 2 Married 3 Widowed 4 Divorced	IN U.S. ARMED	13.	WAS DECENDENT OF HISP. If yes, specify Cuban, Maxic 1 YES 2 NO Specify NO Specify NO Specify NO Specify NO Specify NO Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specific No Specifi		0- 14. RACE	- American Indian, White, atc.					
		TION mpleted) Coffege (1-4 or 5+)	OCCUPATION during most of working	16b. KIND OF BUSINES	S/INDUSTRY							
	4		None			None						
	17. FATHER'S NAME (First, Middle, Lest) UNKNOWN					hame (First, Middle, Maiden Surna bara Conley						
	19a. INFORMANT'S NAME (Type/Print)		19b. MAIL	NG ADDRES		I Route Number, City or Town, Sta						
	Beatrice J. Coop	per	236	Luci	ist Lane E	1kton, Md.	21921					
	20a. METHOD OF DISPOSITION 1	of from State	other place)	POSITION (N	lame of cemetery, cremetory or	20c. LOCATIO	N — City or Tow	er, Pa.				
	21. SIGNATURE OF FUNERAL SERVICE LICEN			-	NAME AND ADDRESS OF	100 000						
	Edward	Mck	blon	Ge	ee Funeral		. Main	n St., . 21921				
	23. PART I. Enter the diseases, or con abook, or heart fellure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	st only one ceuse on	each lina.				y arrest,	Approximata Interval Betwee Onset and Dea				
	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diagna or Injury.											
	that initiated events resulting in death) LAST	Rema	a consequence	isoff	jueur							
median.	PART II. Other aignificant conditions	contributing to death	but not reaultin	ng in the u	inderlying cause given i	n Part I. 24a. WAS AN AUTO PERFORMED 1 - YES 2	7	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO				
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		OTHE	26. PLACE OF DEATH (Check only one)						
	1 - YES 2 - HO	☐ Inpatient 2 ☐ ER/Ou			rsing Home 5 - Residence							
	27. MANNER OF DEATH I Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		TIME OF INJURY M	28c. (NJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW INJUR	Y OCCUREO					
	3 Suicide 6 Could not be determined	28e. PLACE OF INJUR building, etc. (Sp	IY — Al home, fan eclfy)	m, atreet, fe	ctory, office	281. LOCATION (Street and N City or Town, State)	umber or Rural R	oute Number,				
	4 Homicide detarmined											
	(Check only					us to the cause(s) and manner : he time, date and place, and du-		and manner to state 4				

30. NAME AND TUI Chik

31. DATE FILED (AMP), Day 1990

DRESS OF PERSON, WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

Chih HSW MD 223

32. REGISTRAR'S SIGNATURE

Fichia Davidson-Randell

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NIO	After	5 5
TEN	TOR.	28
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospita	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached as the funeral director, page 5 should be detached as the funeral with the Crap Dark of Magha and Markai Harrian bring in hurial compation or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
AL C	10	1 11
SPIT	VER	Ë
웊	5	M
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2	23	g E

	FOR 1 - STATE REGISTRAR	STATE OF MAR	RYLAND / Ce	DEPAR ERTIF	TMENT ICATE	0F H	EALTH DEAT	AND I		IYGIEN REG. NO.	9	0-	286	58
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF MONTH	DEATH DA		YEAR	3. TIME OF DE	ATH
	Ruby LORE	NE			Cyzi	ck			Octob		5,19		3:50) P M
	4. SOCIAL SECURITY NUMBER	5. SEX 8.	AGE (In yrs. last	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTH		a. BIRT	HPLACE (State or	Foreign
	234-32-8176	1 M 2 X F	70	YRS.	MONTHS	DAY8	HOURS	MIN.	DEC 3	1.19	WES	T VIRGI	NIA	
	9e. FACILITY NAME (If not institution, give st	reet and number)	_ , 0		9b. CITY,	TOWN O	R LOCATIO	ON OF DE		-,	_	NTY OF E		
DIRECTOR	Physicians Memo	orial Hos	ial Hospital LaPlata								Cha	rle	S	
<u> </u>	10e. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN O	R LOCAT	ION						10d. JNSIDE CI LIMITS?	TY
腊	MARYLAND CHAR	LES			WHITE	PL	AINS						1 TYES 2	ON D
	10e. STREET AND NUMBER					_	. ZIP CODE				10g. CIT	ZEN OF	WHAT COUNTRY	?
FUNERAL	ROUTE 1, BOX 341						2069	95				US	ξA	
ΞI	11. MARITAL STATUS	/ER IN U.S. AR	MED	13. V	WAS DEC			IIC ORIGIN? (S	Specify Yee	or No.		E — American Ir	dlen.	
BY FL	1 Never Merried 2 Merried 3 X Widowed 4 Divorced	FORCES? 1	FORCES? 1 YES 2 NO If yes, specify Cuben, Mexi					n, Mexica Specify		n, etc.)		Spec	ek, White, etc. elly: WHITI	-
	15. DECEDENT'S EDUC	CATION	16e, DE	CEDENT'S	USUAL OC	CUPATIO)N		16b. Kil	ND OF BUS	SINESS/IND	DUSTRY	14117 11	
	(Specify only highest grade	completed)	(Gi	ive kind of Do NOT u	work done d se retired.)	luring mo	at of worldn	g	100.10		JIII 2007 1112	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
7	Elementary/Secondery (0-12) 12TH GRADE	College (1-4 or 5 +)	Ιн	OMEM	AKER					N/	Α			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			OTTETT	TITLE	_	18 MOTE	IED'S NA	ME (First, Midd					
	JAMES PAUL LEMON								L ALC			٧		
8	19e. INFORMANT'S NAME (Type/Print)		1 404	MAD IN	4000500	(Ot1 -			Route Number,					
ဥ	BARBARA L. PEYTON												ID 2069	5
	204, METHOD OF DISPOSITION 1 A Burlel 2 Cremation 3 Rem	owni from State	20b. PLACE	ecel				netory or					own, State	
	4 Donation 5 Other (Specify)	DVIII TOTA STATE	SUNSE	T ME	MORI/	AL P	ARK				UMBE	RLAN	ID, MARYI	LAND
	21. SIGNATURE OF FUNERAL SERVICE US	all	10										RAL HOMI 20604-	•
\dashv	23. PART i. Enter the diseases, or o	complications that or	unad the de	ath Do	_			_					Approx	
	shock, or heart fallure.	List only ona causa	an each line).	not anter	tria mo	de or dy	ng, suc	ii se cardiac	or respi	ilotory si	1001,	intarval	Batween
	IMMEDIATE CAUSE (Final disease or condition													nd Death
	disease or condition resulting in death) s. Carana (ay 6601-													
	OHE TO (OR AS A CONSEQUENCE OF).													
Z	Sequentlaily list conditions, b. Differd Candianya pathy													
CERTIFICATION	if any, leeding to immediate	DUE TO (OR	AS A CONSE	OUENCE C	PF):	•		V						
2	Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated excess or Injury DUE TO (OR AS A CONSEQUENCE OF):													
	that initiated events resulting in death) LAST	DOE 10 (OF	AS A CONSE	DUENCE C	M-):								i	
H	Tooling in coatily Exo	d												
_	PART II. Other significant condition	ns contributing to de	ath but not r	resulting	in the un	derlyin	g cause g	given in	Part i. 24	In. WAS AN	AUTOPSY	24	b. WERE AUTOPS	FINDINGS
S	Jest cont	icular L	ailur	P	M	ne	Indle	urb	loric.	PERFOR			AVAILABLE PRI	
		20/100			7 . (.	1	- W-	101	_ '	YES 2	l 🗌 NO		OF DEATH?	
Σ	4.9.100	eccing							- 1				1 YES 2	□ NO
PHYSICIAN: MEDICAL														
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		LACE OF D	EATH (Ch	eck only one)					
YSI	1 🗆 YES 2 🐧 NO	1 Mipatient 2 🗆 El	R/Outpatient 3	□ DOA			ne 5 🗆 Re	sidence	8 🗆 Other (S	Specify)				
H	27. MANNER OF DEATH	28e. DATE OF IN. (Month, Day,		28b. TII	ME OF JURY		JURY AT DRK?		28d. DESCR	HBE HOW	INJURY OC	CURED		
B	1 Natural 5 Pending 2 Accident Investigation				M	1 🔲	YES 2	NO						
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)												
	29e. CERTIFIER	IOIANI, To the Control	down the day of						1					
MP	(Check only												(a) and c	an adade d
8	2 MEDICAL EXAMINE	ER: On the basie of exam	manun end/or	veatigat	on, in my c	pinion, (Jenn occu	ed at the	ume, date en	ru prace, el				
BE (296. SIGNATURE AND TITLE OF CERTIFIE	RAL IA	Home	ina	1		29c. LIC	ENSE NU	MBER				D (Month, Day, Ye	er)
	1,000	un (M	(1000	J	J			1258					5-1990	
5	30. NAME AND ADDRESS OF PERSON WH	IO COMPLETED CAUSE	OF DEATH (ITE	M 27) (Typ	e, Print)	7 C	Post	Of	fice	Roa	d C	enna	a Cent	er

Rath, M.D.

Shanker

Girija

DHMH-18 Rev 1/89

Waldorf, Maryland 20602

	FOR STATE REGISTRAR	TATE OF MARYLAN	D / DEPARTM	ENT OF H	EALTH AND M	ENTAL HYGIEN	- 1	28659			
3	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA		3. TIME OF DEATH			
1	Oscar Brayden DURB		s. last birthday) IF U	INDER 1 YEAR	IF UNDER 24 HRS.	October 7. DATE OF BIRTH		990 8:15 P M			
		⊠ м 2 □ F 76	YRS. MON		HOURS MIN.	(Month, Day, Year) Nov. 9, 1		Country) Maryland			
	9a. FACILITY NAME (If not institution, give street of		9b.	CITY, TOWN O	R LOCATION OF DEA		9c. COUNTY	OF DEATH			
DIRECTOR	Coffman Nursing Hor	me		Hag	erstown		Washington				
BEC	10e. STATE 10b. COUNTY			WN OR LOCAT			10d. INSIDE CITY LIMITS?				
٦	Maryland Washin	ngton	Ная	gersto	ZIP CODE		10a CITIZEI	D YES 2 □ NO			
ER	620 N. Mulberry Ave	е.		101	21740		USA				
BY FUNERAL	1 Never Married 2 Married	B. ARMED	If yes, spe	ENDENT OF NISPANIA		a or No— 14. RACE — American Indian, Black, Whita, etc. Specify:					
	3 Widowed 4 Divorced			white							
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp Elementery/Secondary (0-12) Co		(Give kind of work of life. Do NOT use reti	done during mod		16b. KIND OF BUS	SINESS/INDUS	STRY			
A P	6	0	farme	farmer			employ	/ed			
	17. FATHER'S NAME (First, Middle, Least) Elmer Durbin					E (First, Middle, Maiden Corderman					
H	19e. INFORMANT'S NAME (Type/Print)		Route Number, City or Town, State, Zip Code)								
٥	Carolyn Adams				, Hagerstown, Md. 21740						
	20e. METHOD OF DISPOSITION 1 🖾 Buriel 2 🗆 Cremetion 3 🗆 Removal 4 🗆 Donation 5 🗀 Other (Specify)	from State oth	ACE OF DISPOSITION (No. place) St Haven					y or Town, State DWn, Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LICENS	EE .	st naven		D ADDRESS OF FAC		gerate	Jwii, Hai yland			
	Scottma	nnich			ICH FUNER		gersto	own, Md. 21740			
	23. PART I. Enter the diseases, pr comphete shock, pr heart failure. List IMMEDIATE CAUSE (Final disease pr condition resulting in death)		Ilne.	and	de of dying, such	as cardiac or reap	iratory arres	Approximate Interval Between Onset and Death 7-10 days			
z		555 15 (611 15	,,.	Re	nal FAilu	ıre		6-8 wks.			
티	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CO	INSEQUENCE OF):								
CERTIFICATION	CAUSE (Disease or Injury c. — that initiated events	DUE TO (OR AS A CO	ONSEQUENCE OF):								
HH	resulting in death) LAST										
A			ting to death but not resulting in the underlying cause given in				AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
PHYSICIAN: MEDIC	Severe crippling	degenerativ	e arthri	tis	1 TYES			OF DEATH?			
¥ ::						_		1 TYES 2 NO			
NAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Che						
YSIC	1 TYES 2 X NO 1	OSPITAL: Inpatient 2 ER/Outpatie	_	T	e 5 🗆 Reeldence (
	27. MANNER OF DEATN 1 X Netural 6 Pending	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	WC	URY AT RK? YES 2 NO	26d. DEŞCRIBE HOW	INJURY OCCU	RED			
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY — building, stc. (Specify)					261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
ETE	4 Nomicide determined 29e. CERTIFIER 1 X CERTIFYING PHYSICIAN	N: To the best of my knowledg		9 0							
COMPLETED	i. cause(e) and manner as stated.										
BE (296. SIGNATURE AND TITLE OF CERTIFIER	Dister	-		29c. LICENSE NUM DO 1062	BER		signed (Month, Day, Year) tober 15, 1990			
5	38. NAME AND ADDRESS OF PERSON WHO CO			nt)	D0100Z		, 001	LODEL 13, 1330			
	Edward W. Ditto, II			shingt	on Stree	t, Hagers	town,	Maryland 21740			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATU									
	00 16 '90	Julia Davidson	-pandille					DHMH-18 Rev 1/89			

DHMH-16 Rev 1/89

Set of the second

TO BE COMPLETED BY FUNERAL DIRECTOR

- STATE REGISTRAR	E OF MARYLAND / I	RTIFICATE		REG. NO		
DECEDENT'S NAME (First, Middle, Lest)	-		J. DE/	2. DATE OF DEATH		3. TIME OF DEATH
Walter		Demi-	tro	10-5-90	AY YEAR	10:10AM M
4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (in yrs, lest	MONTHS D	EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6. BIR	THPLACE (State or Foreign ntry),
None		YRS.		12-31-0	5 9 /	V. Y.
9e. FACILITY NAME (If not institution, give street and nu			OWN OR LOCATION OF DE	EATH	9c. COUNTY OF	
Greater Laurel/Belts	VIIIe Hospit	aı į .	Laurel		Prince	Georges Co.
10a. STATE 10b. COUNTY		10c. CITY, TOWN OR				10d, INSIDE CITY LIMITS?
MD PRINCE	Geor Ges	LAI	13.5	MD,		1 TYES 2 TH NO
435 MAIN	3T		101. ZIP CODE 2 0 ^	707	10g. CITIZEN OF	S A
FORCE	OECEDENT EVER IN U.S. ARM		S DECENDENT OF HISPAR es, specify Cuben, Mexica		or No- 14. RA	CE — American Indian, ack, White, etc.
	S, GIVE WAR OR DATES		YES 2 NO Specifi			white
15. DECEDENT'S EDUCATION	18e. DEC	EDENT'S USUAL OCCI	IPATION	165 KIND OF BU	SINESS/INDUSTRY	
(Specify only highest grade completed)	(Giv	re kind of work done duri Do NOT use retired.)		102.7010 01 20	JINE JONNE JONNE	
6 th		TomoBi	le Repai	ia Av	TomoB	ile
7. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Malden	and a	20
SAM Demi	TRO			MARY	SIGA	NOFF
JOHN Dedee	19b.	HAILING ADDRESS (S	MAIN 5	Poute Number, City or You T L AU	n, State, Zip Code) Lel M.	D. 20707
Qa. METHOD OF DISPOSITION Burlal 2 Cremetion 3 Removal from	20b. PLACE C	OF DISPOSITION (Name	of cemetary, crematory or	20c. LC	CATION — City or	Town, State
□ Donation 8 □ Other (Specify)	- Ko	segale	e Cem	141	NDEN,	New_ensey
I SIGNATURE OF FUNERAL SERVICE LICENSEE	10	22. NA	ME AND ADDRESS OF FA	COLLONS	F.H.	/
mall well	lle 1 de	- 33	22 8-1	Leal St	But	2/202 MD,
23. PART I. Enter the diseasea, or complicat						
			e mode of dying, auc	h as cardiec or reap	iretory arreat,	Approximate
ehock, Dr heart fallure. List Dnly			e mode of dying, aud	h as cardiec or reap	iretory arreat,	
ehock, or heart failure. List only MMEDIATE CAUSE (Finel Resease or condition			e mode of dying, aud	h as cardlec or reap	iretory arreat,	Approximate interval Between
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.

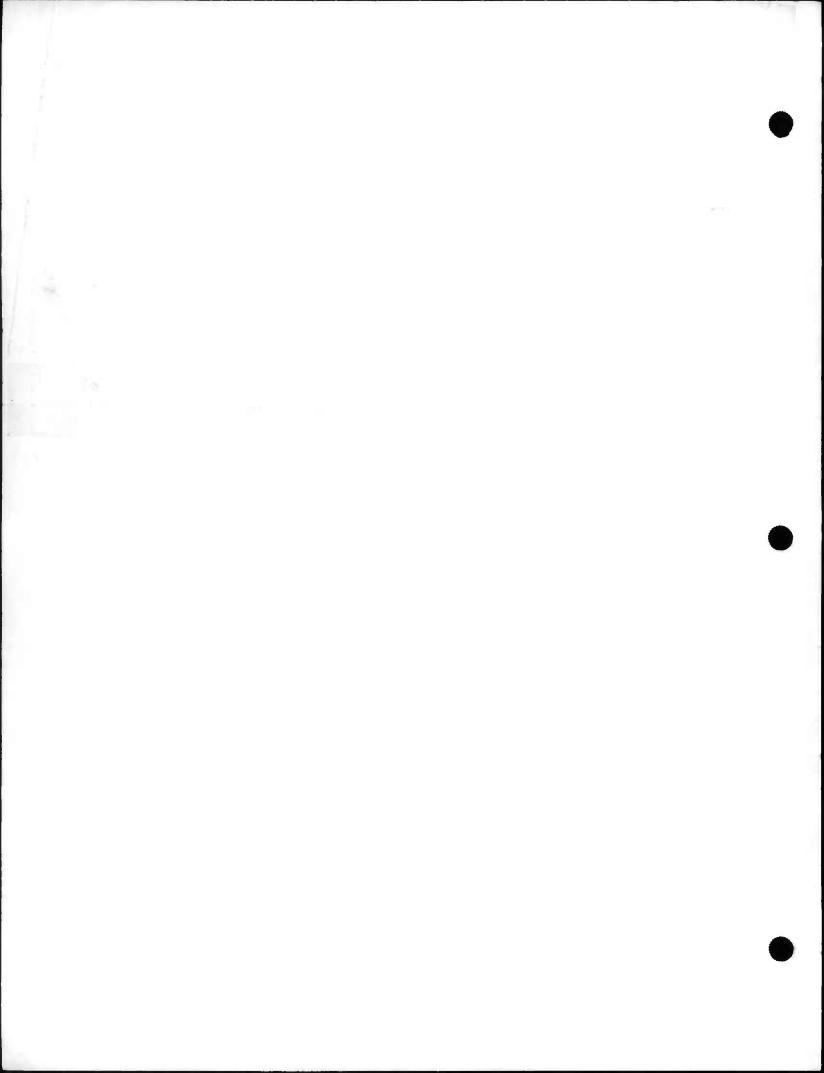
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 22.3 mm be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21203-3146

DHMH-16 Rev 1/89



FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21203-3146

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	AILO	FUEAIR		REG. NO.					
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE (WEAR	3. TIME OF DEATH		
ALBERT	DELEONIE	US			Set	ot. 2	9,19	YEAR	8AM w		
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last birthday)	F UNDER 1 YEAR	R IF UNDER 24 HRS.				6. BIRTH	PLACE (State or Foreign		
579-22-7826	1 🖾 🕅 2 🗌 F	O J YRS.	ONTHS DAYS			F BIRTH Day, Ybar)			shington,DC		
9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons 1 Combons											
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									White		
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(Specify only highest grade of Elementary/Secondary (0-12)		(Give kind of wor. life. Do NOT use r	k done during	most of working	1000						
1/12	College (1-4 or 5+)	System A	nalvs:	ist	lve	terans	s Adn	ninis	stration, DC		
17. FATHER'S NAME (First, Middle, Last)				_							
	onibus			18. MOTHER'S NA							
Giacomo DeLe	OHIDUS					Boccal					
19a. INFORMANT'S NAME (Type/Print)				et and Number or Rural i							
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209. METHOO OF DISPOSITION	200	D. PLACE OF DISPOSIT	ION (Name of	cemetery, crematory or		20c. LO	CATION -	City or To	own, State		
1 Donation 5 Other (Specify)	wal from State	other place)	1 Co.	t		Bre	ntwoo	od, 1	Maryland		
21. SIGNATURE OF SUMBRAL SEJIVICE LICE	pigas 1	ort Linco	22. NAME	metery AND ADDRESS OF FA S/Rinaldi	CILITY	1 11					
· Muchoel	& land	Oh						ing.	Md. 20904		
23. PART V Enter the diseases, or or	counting that cause	d the death. Do not							Approximate		
shock, or heart failure. L	ant only one couse on e	ech line.	onter the i	mode of dying, suc	AT 44 COIL	oc bi reapi	lathiy of	rowt,	interval Between		
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PART II. Other significent conditions	a contributing to death b	out not resulting in	the underly	ring couse given in	Part I.	PERFOR	RMED?	241	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
PART II. Other significent conditions	s contributing to death t	out not resulting in	the underly	ring ceuse given in	Part I.		RMED?	24	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PART II. Other significent conditions	s contributing to death t	out not resulting in	the underly	ring ceuse given in	Part I.	PERFOR	RMED?	24	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
	s contributing to death t	out not resulting in				PERFOR	RMED?	241	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within X—Mous after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mou'rs after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Prove at the following the State Destr. of Health and Mental Hyginene plot to burial, cremation, or removal. The property of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the p	HINTER TO THE TOTAL OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PART

	REGISTRAR CERTIFICATE OF DEATH REG. NO.											
120	1. DECEDENT'S NAME (First, Middle, Last) Edward Joseph Dembski							MONTH DAY YEAR				3. TIME OF DEATH
14	Edward Jose	eph Dembs	1 Dembski				Sept. 24, 199		990	7:30 A M		
1 8	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	t birthday)	IF UNDER 1	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF I	BIRTH IV. Year)		6. BIRTH Countr	IPLACE (State or Foreign
	089-03-8574 ¹ ★ ^{M 2 □ F}			79 YRS.						Oct. 21, 1910 Youl		
- 4	9a. FACILITY NAME (If not institution, give street and number)			9b. CITY, TOWN OR LOCATION								
e.	7439 Crestberry	Lane			В	ethe	esda			Mo	ontgo	omery
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT											
R				10c. CITY, TOWN OR LOCATION Bethesda								10d. INSIDE CITY LIMITS?
0		tgomery		101. ZIP CODE							1 🔀 YES 2 🗌 NO	
FUNERAL DIRECTOR	10e. STREET AND NUMBER	_		100 100 200						1.75		WHAT COUNTRY?
ÿ I	7439 Crestberry	v		20817							S.A.	
5	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U FORCES? XX YES IF YES, GIVE WAR OR DAT			MED IO		13. WAS DECENDENT OF HISPANIC Of the year, apocify Cuban, Mexican, Pu						E — American Indian, k, Whita, atc.
B				W II	1	1 ☐ YES 2 ▼ NO Specify:						^{My} Wh it e
	15. DECEDENT'S EDUCATION			16a, DECEDENT'S USUAL OCCUPATION				16b. KIND OF BUSINESS/INDUSTRY				
E	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5 +	(Gi	(Give kind of work d		rk done during most of working retired.)		0.00				
7	12			reig	Service Officer		U.S. State De			partment		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N.				ME (First, Midd	lle, Malden	Sumame)		
Faustin Dembski Amna Kon								oninsk	a			
100 INFORMANT'S NAME (Farm/Brint) 100 MAII ING ACCRESS (Street and Num										n, State, Zip	Code)	
٩	Madge A. Dembsk	i	7	439	Crest	ber	ry La.	Bethes	da.	MD	2081	7
	20a METHOD OF DISPOSITION 1 N Burial 2 Cremation 3 Ren	OF DISPO	SITION (Nar	ne of cer	netery, crematory or		20c. LO	CATION -	City or To	own, State		
	4 Donatton 5 Other (Specify)	k' Cr	eek Cemetery				W	ashi	ngto	n, D.C.		
	21. SIGNATURE OF FUNERAL SERVICE LE	22. I	NAME AN	h Gawler	CILITY SOT	e T	nc					
	Mieller O	& n.	U_{a}								noto	n,D.C.20016
	23. PART I. Enter the diseases, or	complications that	caused the de	ath. Do								Approximate
- 1	ahock, or haert feliure.	List only one ceu	se on aech lina	i.								interval Between Onset and Deeth
	IMMEDIATE CAUSE (Final disease or condition	Esophag	eal Can	cer	r							27,220, 280, 641,80
	reaulting in death)		(OR AS A CONSE		F):							
z												
EDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate	(OR AS A CONSE	CONSEQUENCE OF):									
₫	cause. Enter UNDERLYING CAUSE (Disease or injury	C										
E	that initiated events resulting in daeth) LAST	DUE TO	(OR AS A CONSE	OUENCE O	F):							
H	Totaling in dealing and	d										-
	PART ii. Other algnificant conditio	na contributing to	death but not i	reauiting	In the un	derlyin	g cause given in	Pert i. 24				b. WERE AUTOPSY FINDINGS
8								Ι,	PERFORMED?			AVAILABLE PRIOR TO COMPLETION OF CAUSE
								_ '		YES 2 K NO		OF DEATH? 1 YES 2 NO
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Ŧ	27. MANNER OF DEATH	28e, DATE OF		28b. TI	AE OF	28c. IN.	JURY AT	28d. OESCR		NJURY OC	CURED	
2 Accident Investigation												
								Floute Number,				
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and one) 2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date and place.									(a) and ma	nner aa sta	rted.	
Ö	280. SIGNAPHIRE AND TITLE OF CERTIFIE	EL 1	-				29c. LICENSE NU	MBER		29d. DA	TE SIGNE	O (Month, Day, Year)
8	Kleen to	Tisu	- L	10)		DC	101	11	•	Sept	. 24, 1990
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAU	SE OF DEATH (ITE	N 27) (Typ	e, Print)				•			
	David Fleisch	ner. M.D.	. 3800 F	Reser	voir	Rd.	.NW.Wash	ingto	1,D.0	2. 2	0007	,
1	31. DATE FILED (Month, Day, Year)	32. REGISTRA	AR'S SIGNATURE				, y , ,					- 111
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DIRECTOR: A bours after d item 28 is .60

TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTS DE filed within 72 hours at IMPORTANT: If Item 2

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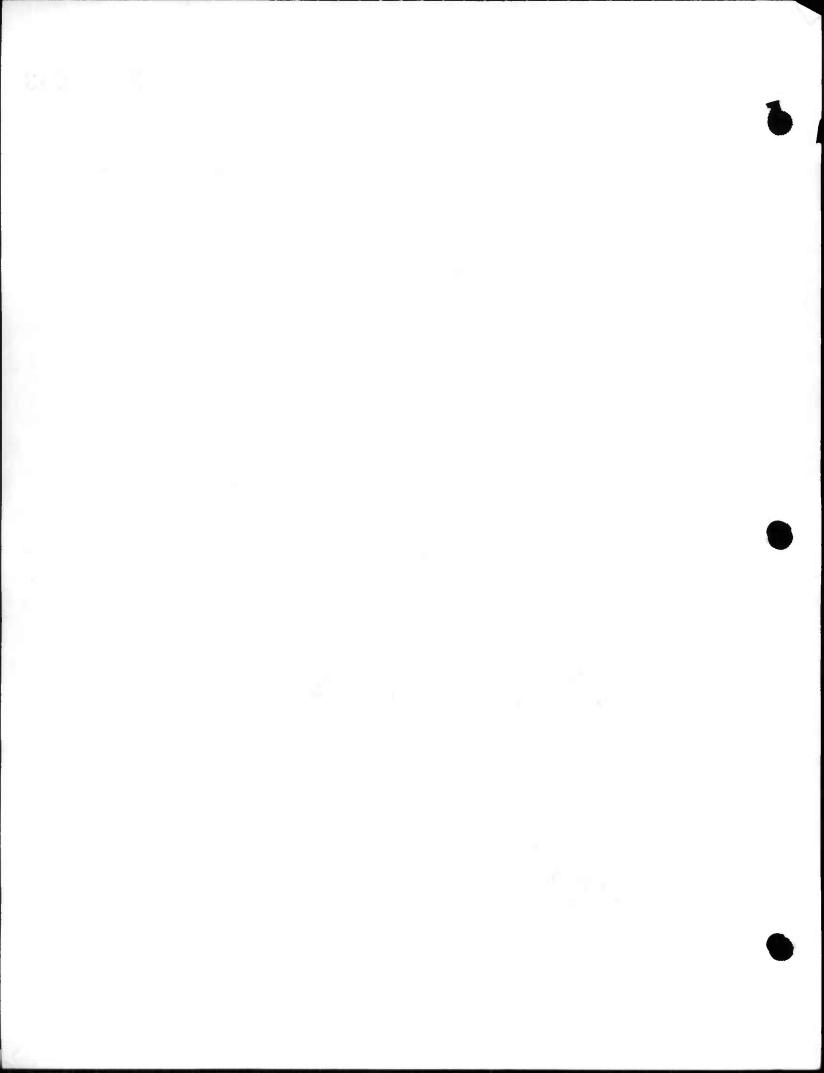
BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 mous after death. Page 6 may be retained by the hospital or attending physici	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-		
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OR	DIRE	NOURS	tem

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY Sept. 25, Davidson Emory L. 1990 11:15 P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 👿 M 2 🗆 F 223-42-2877 54 YRS. Dec. 23. Virginia 1935 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 519 South Frederick Avenue #102 Gaithersburg Montgomery RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Montgomery Maryland Gaithersburg 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 519 South Frederick Avenue #102 20877 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, etc. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Maxican, Puerlo Rican, atc.) 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES 1 TES 2 NO Specify Specify: 3 🕅 Widowed 4 🗀 Divorced White Korean War 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION ecify only highest grade comple 18b. KIND OF BUSINESS/INDUSTRY (Spe Elementary/Secondary (0-12) College (1-4 or 5+) Montgomery County 6 Custodian School Board 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname, Marion Davidson, G. Crawford Wesley Sr. Hattie 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 519 South Frederick Avenue #302, Gaithersburg, MD 20877 Helen L. Lucado (Sister) 20a. METHOD OF DISPOSITION
1

↑ Burial 2 □ Cremation 3 □ Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State 4 Donation 5 Other (Specify) Norbeck Memorial Gardens Olney, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Rapp Funeral Services, P.A. B. will-M00827 933 Gist Ave, Silver Spring, MD 20910 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximete ahock, or heart fellure. Liet only one Interval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition nonth resulting in death) UE TO (OR AS A CONSEQUENCE OF) Clookalic Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate . Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificent conditions contributing to death but pof resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24h. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO Desease alex COMPLETION OF CAUSE OF DEATH? Char 1 YES 2 XNO Huster 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) FYAMINER? HOSPITAL: OTHER: 1 - YES 2 NO 1 | Inpatient 2 | ER/Outpetient 3 | DOA 4 🗆 Nu ng Home 5 💢 Rasidence 8 🗆 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28h TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE NOW INJURY OCCURED INJURY 1 🔀 Natural 5 Pending м 1 YES 2 NO 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be determined 4 Homicide 1 💢 CERTIFYING PHYSICIAN: To the pest of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: O sia of axemination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated MATURE AND TITLE OF CENTS 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER Sept. 26, 1990 D 31612 NO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Jules R. Lodish, 2901 Olney-Sandy Spring Road, Olney, MD 20832 M.D. 21. DATE FILED (Month, Day, Year)



DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22. As after death. Page 6 may be retained by the host TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN	E 9	0 28664
18	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
. 4	Thomas W. I	lavie Sr				SEP 2	7. 1990	
	4. SOCIAL SECURITY NUMBER		In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		IRTHPLACE (State or Foreign
П	205-05-2648	.VVu a □ 5	VD0 1	ONTHS DAYS	HOURS MIN.	(Month, Day, Year)	C	ountry)
	39a. FACILITY NAME (If not institution, give s	/	4	OF CITY TOWN C	R LOCATION OF DE	JUN 2, 19	9c. COUNTY C	nnsylvania
~				DU. GITT, TOWN C	H LOCATION OF DE	AIR	Se. COUNTY C	OF DEATH
DIRECTOR	Suburban Hospital			Bethe	esda		Mont	gomery
EG	10a. STATE 10b. COUNTY	·	10c, CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY
<u>E</u>	Cont. 100	ntgomery	1000					LIMITS?
	10e. STREET AND NUMBER	regomery	60	ithers	ZIP CODE		100 CITIZEN	OF WHAT COUNTRY?
RA	,			101				1.0
FUNERAL	16641 South West1			T	20877			d States
5	11. MARITAL STATUS 1 Never Married 2XX Married	12. WAS DECEOENT EVER IN FORCES? 1 XXVES	2 NO	If yes, sp	cify Cuban, Maxica	IC ORIGIN? (Specify Year, Puerto Ricen, etc.)	or No.— 14. F	RACE — American Indian, Black, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES	1 TYES	2 NO Specify	:	8	White
	15. DECEDENT'S EDU		16e. DECEDENT'S U	SUAL OCCUPATION	MM .	16b. KIND OF BUS	INESS/INDI ISTE	
=	(Specify only highest grade	completed)	(Give kind of wo	vk done during mo	st of working	IOU. KIND OF BOS	3114E33/114D03/1	"
٦	Elementary/Secondary (0-12)	College (1-4 or 5+)	Flootwe	mina T		17 C	·	
COMPLETED			Electro	onics le		U.S. (ent
8	17. FATHER'S NAME (First, Middle, Last)							
BE	Ellsworth Davi	.s				Charlotte		
2	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural F	Noute Number, City or Tow	n, State, Zip Code	9)
	Minnie H. Davis			as #10				
	20at METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem	oval from State	other place)	TION (Name of cer	netery, crematory or	20c. LO	CATION — City of	or Town, State
	4 Denatton 5 Other (Specify)	P	arklawn N	lemoria]	Park	Rocl	kville,	Maryland
	21. SIGNATURE OF FUNBBAL SERVICE LE	ENSEE		22. NAME AF	ID ADDRESS OF FA	DeVol F	ıneral	Home
	► + 1 / / L	lan.		10	East Dee	r Park Dr	ive	-
	23. PART I. Enter the diseases, or	complications that caused	d the death. Do no			g, Marylan		Approximata
		List only one cause on e		A distal the mo	au o. ayınış, saoı	r as carains or respi	tatory arroat,	Interval Between
	iMMEDIATE CAUSE (Fine)	M 115 1	0 0			100	7)	Onset end Desth
	resulting in death)	a. Multiple	e pu	none	y en	tode ?	4	
			-		,			i 1
N	Sequentially list conditions,	b. Hemer	CONSEQUENCE OF					
Ē	If any, leading to immediate cause. Enter UNDERLYING	DOE TO (OR AS A			_/	1		i l
5	CAUSE (Disease or Injury	c. Merces V	CONSEQUENCE OF	1-10-24	WY7C	Corcen	ome	
Ë	that initiated events resulting in death) LAST			1	1			j l
CERTIFICATION		d. pulgue	neary in	1000	0-2			
AL C	PART II. Other significant condition	na contributing to deeth b	out not reaulting in	the underlyin	g cause given in			24b. WERE AUTOPSY FINOINGS
	astles	2.00				PERFOR		AWAILABLE PRIOR TO COMPLETION OF CAUSE
						1 TYES 2	G-NO	OF OEATH?
PHYSICIAN: MEDIC						_		1 TYES 2 NO
Z								
$\frac{1}{2}$	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Ch	eck only one)		
YS	1 YES 2 NO	1 Inpatient 2 ER/Out				6 Other (Specify)		
표	27. MANNER OF OEATH 1 Netural 6 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	IRY WO	URY AT	28d. DESCRIBE HOW	NJURY OCCURE	ED
ВҰ	2 Accident trivestigation				YES 2 NO			
	3 Suicide 6 Could not be	26e. PLACE OF tNJURY building, atc. (Spe-		reet, factory, offic	a .	26f. LOCATION (Street City or Town, State)		ural Route Number,
E	4 Homicide determined						<u> </u>	
PLE	29a. CERTIFIER CERTIFYING PHYS	ICIAN: To the best of my know	vledge, death occurre	d at the time, date	and place, and due	to the cause(a) and ma	nner as stated.	
COMPLETED	one)	ER: On the beals of examination	on and/or investigation	, in my opinion, d	leath occured at the	time, date and place, ar	nd due to the ca	use(a) and manner as stated.
	29b, SIGNATURE AND TITLE OF CERTIFIE	in .	-		29c. LICENSE NUI	MBER	29d, DATE SIG	GNED (Month, Day, Year)
BE	120 (201	20	14.000		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	443		Septo
2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type.	Print)				
	Alan R Pol	lerle no	809 V	ens M	ill Re	1 Roc	krite	20851
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Alan R Pollecle M. D. 809 Views mill Red Rocker the 2085 I 31. DATE FILED (Month, Day, Year) OCT 01 90 32. RECEITAR'S SIGNATURE DUTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY							

DIVISION OF VITAL RECORDS, P.O. BOX 13149,	BALLIMORE, MARTLAND
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 s after death. Page 6 may be retained by the hos	fter death. Page 6 may be retained by the hos
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detachy be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	the funeral director, page 5 should be detach oval.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	al examiner must be notified at once.

31. DATE FILED (Month, Day, Year)
OCT 0 1

LETSURE

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Worsed

32. REGISTRAR'S SIGNATURE

Juna Davidson Ander

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPAR CERTIF	RTMENT OF I	HEALTH AND N		YGIENI EG. NO.	E	90	28665
1971			nnel			2. DATE OF I	DEATH DA	7 - 1	790	TIME OF DEATH
DIRECTOR	4. SOCIAL SECURDY NUMBER Unavailable	1 🗆 M 2 📶 F 8:	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF E (Month, De	y, Year)	18	Country) Vir	ACE (State or Foreign
TOR	36. FACILITY NAME (If not Institution, give so 3675 So. Leisure RESIDENCE OF DECEDENT				Spring	АТН		7211	ty of DEAT	
		gomery		ry, town on Loca Lver Spr	ing					d. INSIDE CITY LIMITS?
FUNERAL	3675 So. Leisure				r. zip code 20906			U.S	.A.	T COUNTRY?
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3XXWidowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 ANO	If yes, s	CENDENT OF HISPAN Secify Cuben, Mexical 3 2 X NO Specify	n, Puerto Ricar		or No—	Black, W	American Indian, thite, stc. White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) Coffege (1-4 or 8+)		3-3112-1-1			or Bus	Home	JSTRY	
BE COM										
TO B	190. INFORMANT'S NAME (Type/Print) Edward Dommel -	Son			end Number or Rural F da Rd, Ro					0852
	29e. METHOD OF DISPOSITION 1X Buriel 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donation 8 ☐ Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LIC	oval from State C	other place)	11 Cemet	emetery, crematory or ETY IND ADDRESS OF FA		1		nd, M	aryland
	I John	- Della	l	DeVo	1 Funeral Wisconsi	Home	, NW,	, WDC	2000	7
	23. PART I. Enter the diseases, or a hour or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on ea	ech iina.		WONA				est,	Approximata interval Batwean Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C. DUE TO (OR AS A		•						
PHYSICIAN: MEDICAL CI	PART II. Other algnificant condition	na contributing to death be	ut not reaulting	in the underlying	ng cause given in		n. WAS AN PERFOR	RMED?	Al CC	ERE AUTOPSY FINDINGS MAILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	etlent 3 🗆 DOA	OTHER:	PLACE OF DEATH (Ch		naniful		1	
ву рну	27. MANNER OF DEATH 1 Natural 8 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TI	ME OF 28c. IN	JURY AT ORK? YES 2 NO	28d. DESCRI		NJURY OCC	CURED	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, stc. (Spec	— At home, farm,	, street, factory, offi	ice	261. LOCATIO City or To	ON (Street (jown, State)	and <i>Number</i>	or Rural Rou	te Number,
COMPLETED	cool	ICIAN: To the best of my knowless: On the basic of examination								nd manner as stated.
TO BE C	30. NAME AND ADDRESS OF PERSON WH	Thelewas	ATH (ITEM 27) (Two	De, Print)	29c. LICENSE NUI	MBER 94/				19 1990

SILVER SPRING MY

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	;	O C	ROCKVILLE Nursing Home					Rockville					Montgomery		
Se " Se sera contra		G-	RESIDENCE OF DEC	LOCATION					T.	10d. INSIDE CITY					
90		DIRE						er Sp							LIMITS?
beruii.			10e. STREET AND NUMBER				· -	24	10f. Z	ZIP CODE			10g. CITI	ZEN OF WH	IAT COUNTRY?
AND 21203-3146 the hospital or attending physician. detached for use as the burial-transit permit. Pages once. COMPLETED BY FUNERAL DIRE	EN I	3121 Farnbon	rough C	ourt			20906				Unit	ed S	tates		
		11. MARITAL STATUS 1 Never Married 2 12 3 Wildowed 4 Divo	CMarried	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 XXNO IF YES, GIVE WAR OR DATES			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yee, apacify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify:				fy Yea or No- 14. RACE - Ame		— American Indian, White, atc.		
2120 ital or att d for use		╗╟	15. DECEDENT'S EDUCATION (Specify only highest grade complaint) (She light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the light of the						PATION	-d constitue	16b. KIN	D OF BUS	INESS/IND		
		LETE	Elamentary/Secondary (0-12) College (1-4 or 5+)				(Give kind of work life. Do NOT use rel	ired.)	ig most	or working			omery County C Schools		
MARYLAND e retained by the hospit S should be detached	once.	8	17. FATHER'S NAME (First, M	Aiddle, Last)		_	necount	anc	Τ.	18. MOTHER'S NAME					
LA the	76		Andrew Ho		1				-1	Emily		Lar			
ARY stained to		8	19a. INFORMANT'S NAME (19b. MAILING AO	ORESS (Str	met and	DICLL)				Code)	
MARY retained 5 should	notified	임	Rudolph T.		edt					ugh Ct.,S		100			20906
	e e		20a. METHOD OF DISPOSIT			20b. PL/	ACE OF OISPOSITIO				11/61			City or Tow	
Page 6 may	must		1 Buriel 2 Cremetic	on 3 🗆 Remo	val from State	oth	er place)			rium, Inc	.				yland
N See	5		21. SIGNATURE OF SUNERA		ENSEE 4	11011	cgomery								ey Funera
ALT teath.	- 0		· Man	17	the	M006	89	Home	e/R	ockville, Rockvil	Inc	., 3	00 W.	Mon	tgomery
n by tremo		23. PART I. Enter the d	liseases, or co neart fallure. L	omplications that ca lat only one cause of	usad the	a death. Do not a	enter tha	mode	a of dying, such a	s cardiac	or reepi	ratory err	eet,	Approximata interval Between	
	be.		IMMEDIATE CAUSE (Findisease or condition	nal	2 1 1			10-	7.		- 7 \				Onset and Dae
ithin	event, t		resulting in death)	→ ,	l+		erosis	(Car	ala	ac & Cere	oral)				years
146, ted within completely	- a							-							i
13 and	burial,	o I	Sequentially list condit		•	Multiple Stroke Syndrome oue to (or as a consequence of):								years	
× 2 5	prior to	Ĕ I	if any, leading to imme cause. Enter UNDERLY		Pneumo										2 Weeks
DE Jilicate	ne p	윤비	CAUSE (Disease or Injuthet initiated events	игу 🚡 с.			NSEOUENCE OF):								
S, P.O. BO the death certificate the attending physic	Hygiene prior to buris or other traumatic	CERTIFICATION	resulting in death) LAS	T d											
deat deat	enta 7		PART II. Other aignifice	ent conditions	ocatributian to des	th hut a	ot moulting in t		dulaa	acusa abaa la Ba	41 00	MM 0 AN	AUTOPSY	1 0.05	WERE AUTOPSY FINDING
RECORDS, v requires that the di	th and Menta any Injury,	MEDICAL	PART II. Othar aiginio	SIL CONCIONA	Contributing to date	in but i	or readiting in t	ie unuer	rying	cedea givan in Pa	244	PERFOR			AVAILABLE PRIDE TO COMPLETION OF CAUSE
O the se th	Health WS an	ă					_				- 10	YES 2	NO []X		OF DEATH?
RECORE v requires that been signed by											-				1 YES 2 NO
	Dept.	SICIAN:													
S = s	State D	ਰੇ ∥	25. WAS CASE REFERRED 1 EXAMINER?	TO MEDICAL	HOSPITAL:		O'	THER:	26. PLA	CE OF OEATH (Check	only one)				
Z ANS	or It	YSI	1 TES 2XXNO		1 - Inpetient 2 - ER		nt 3 🗆 DOA 4 (XNursing		5 Residence 8					
OF VIT	with t	PHY	27. MANNER OF DEATH 1X Netural 5	Pending	28a. DATE OF INJU (Month, Day, Y		28b. TIME O		c. INJUI	K?	d. DEŞCRII	BE HOW I	NJURY OC	CUREO	
7 0 8	£ 5	≽ા	2 Accident	Investigation						S 2 NO					
DIVISION OR ATTENDIA	after d	- 8	3 Suicide 6 Homicide	Could not be determined	28e, PLACE OF IN building, etc.	JURY — I (Specify)	At home, farm, stree	t, factory,	offica	26	M. LOCATIO City or To	N (Street i wn, State)	and Number	or Rural Ro	oute Number,
S A P	tem	١٣	29a. CERTIFIER 1XXCER	TIFYING PHYSIC	JAN: To the best of my	knowledo	e. death occurred a	the time.	date a	and place, and due to	the cause(s	and ma	oner ee ste	ted	
TO THE HOSPITAL OT	be filed within 72 hours after des	COMPLETED	(Oraca oray		R: On the beals of axemi										and menner as stated.
里 生	Ped *	BE	29b. SIGNATURE AND TITLE	E OF CERTIFIER	1.	/	2	MI	$\overline{}$	29c. LICENSE NUMBE	R				(Month, Day, Year)
5 5	M P	2	Fran	ille	WIII	M	all	11		D 19785				Lebre	mber 30, 990
		- 1	30. NAME AND ADDRESS	F PERSON WHO	COMPLETED CAUSE C	F DEATH	(ITEM 27) (Type, Pri	nt)							

Frauke Westphal, M.D.,

32. REGISTRAR'S SIGNATURE Julia Davidson Randoll

31. DATE FILED (Month, Day, Year)

Edith H. Danstedt

8. AGE (In yrs. last birthday)

YRS.

89

5 SEY

1 M 27 F

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

DAYS

MONTHS

IF UNDER 24 HRS.

HOURE

9b. CITY. TOWN OR LOCATION OF DEATH

809 Viers Mill Road, Rockville, Maryland

STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

017-07-7159

1. DECEDENT'S NAME (First, Middle, Last)

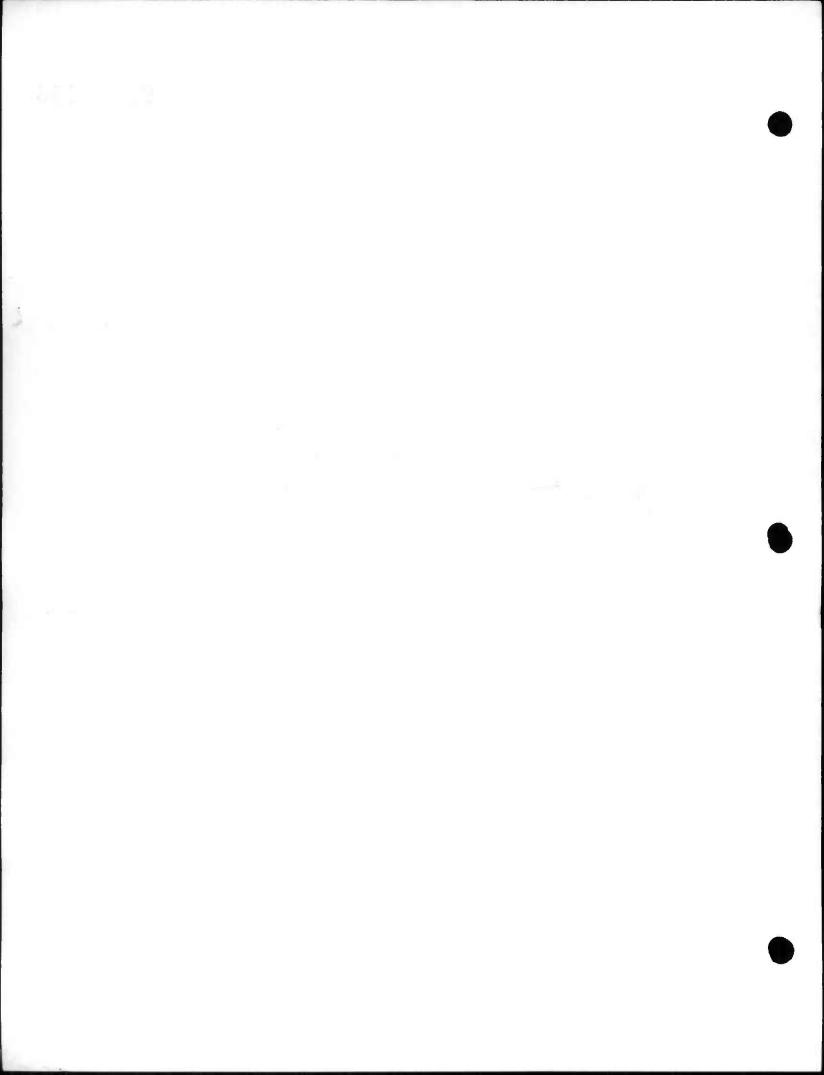
9a, FACILITY NAME (If not institution, give street and number)

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 90 28666 2. DATE OF DEATH DAY YEAR September 29,1990 6:50 Рм 7. DATE OF BIRTH (Month, Day, Year) Sept.20,1901 8. BIRTHPLACE (State or Foreign Country) Massachusetts 9c. COUNTY OF DEATH Montgomery 10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? United States ANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. can, Puarto Rican, atc.) Specify: White 16b. KIND OF BUSINESS/INDUSTRY Montgomery County Public Schools NAME (First, Middle, Maiden Surname) Larson al Route Number, City or Town, State, Zip Code) ,Silver Spring, Md. 20906 20c. LOCATION - City or Town, State Bethesda, Maryland FACILITY Robert A. Pumphrey Funeral le, Inc., 300 W. Montgomery ville, Maryland 20850-2805 uch as cardiac or reepiratory erreet, Approximata interval Batween Onset and Daeth rebral) years years 2 Weeks 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 NO OF DEATH? 1 YES 2 NO Check only one) 8 - Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	PHYSICIAN:
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_	HOSPITAL

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 28667 1 -CERTIFICATE OF DEATH REG. NO. 1, OECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH NINA AVIS AM 4. SOCIAL SECURITY NUMBER 213-74-9768 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 91 02-14-1899 1 MY YRS. Sa. FACILITY NAME (If not institution, give atreet and number) 96 CITY, TOWN OR LOCATION OF GEATH CUMDET LANG *Allegany DIRECTOR CUMBERIANA RESIDENCE OF DECEDENT NURSING enter 10c, CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY 10d. INSIDE CITY Cumberland YES 2 NO MD Allegany 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10e STREET AND NUMBER 101. ZIP CODE 21502 USA 129 Grand Avenue 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 YOUNO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, alc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married white B XX Widowed 4 Divorced COMPLETED 15. OECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 18h KINO OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) housewife own home 17. FATHER'S NAME (First, Middle, Lest)

James Franklin Robertson 18. MOTHER'S NAME (First, Middle, Maiden Surname) Viola Price Wilson Ħ 盟 notified 196. MAILING AOPRESS (Street and Number or Rugal Route Number, City or Town, State, Zip Code)
Cumberland, MD 21502 19a, INFORMANT'S NAME (Type/Print) 2 Mr. John Conway ě 20b. PLACE OF DISPOSITION (Name of complete, commeters or Higher Burial Park Cumberland, Town State must 4 Donalion 5 Other (Specify) examiner 21 SIGNATURE OF FUNERAL SERVICE LICENSEE Scarperiness Funeral Home Cumberland, MD 21502 medical 23. PART . Enter the disease, Dr complications that caused the desth. Do not enter the mode of dying, such ea cerdiec or respiratory errest, Approximete shock, or heert failure. List only one cause on each line. interval Between Onaet and Death IMMEDIATE CAUSE (Finei the disease or condition resulting in death) Landiae arrest event. DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): thet initiated events reaulting in deeth) LAST 6 Injury, PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE shows any 1 TES 2 NO OF DEATH? Przeden alizeare. 1 | YES 2 | NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) Item EXAMINER? QTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 🗆 Residence 8 🗆 Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DEȘCRIBE HOW INJURY OCCURED marked, 1 Natural M 1 YES 2 NO B 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) TO THE FUNERAL DIRECTOR: Afti be filed within 72 hours after dea IMPORTANT: It item 28 is m 3 Sulcide 6 Could not be datarmined COMPLETED 4 🗌 Homicide 29a, CERTIFIER PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as ateled. 2 🔛 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE luin MO 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF CEATH (ITEM 27) (Type, Print) ALMO 302

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MEDICAL CERTIFICATION

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TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECT be filed within 72 hours at IMPORTANT; If Item 2

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BALTIMORE, MARYLAND 21203-3146	n 24 mours after death. Page 6 may be retained by the hospital or attending physician.	by filled in by the funeral director, page 5 should be detached for use as the burial-transit permit,	ation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-mours after death. Page 6 may be retained by the hospital or attending physician.	FUNEPAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	TANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH MONTH 90 7 45 UNN Harold Wesley Dunn 6. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) 5. SEX IF UNDER 1 YEAR | IF UNDER 24 HRS. 1 🛣 M 2 🗌 F HOURS 219-18-1094 65 18, Apr. 1925 Maryland 9a, FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Harbor Hospital Center Baltimore City RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO Maryland Glen Burnie Anne Arundel 10g. CITIZEN OF WHAT COUNTRY? 10e. STREET AND NUMBER 10f. ZIP CODE 716 Old Stage Rd 21061 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2XX Married Specify: 3 Widowed 4 Divorced WW 2 White 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION ecity only highest grade complete 18b. KIND OF BUSINESS/INDUSTRY (Spe ost of working Elementary/Second 12 Machinist Civil Service 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Henry Dunn Unknown 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Elsie W. Dunn 716 Old Stage Rd., Glen Burnie, Maryland 21061 20a. METHOD OF DISPOSITION
Burlel 2 Cremetion 3 Re 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State Meadowridge Memorial Park 4 Donation 5 Other (Specify) Dorsey, Howard, Maryland 21, SIGNATURE OF FUNERAL SERVICE LIGENSEE 22. NAME AND ADDRESS OF FACILITY Kirkley Funeral Home 421 Crain Hwy. S.E Glen Burnie MD 21061 23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cerdiec or respiretory errest, Approximete ahock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate Iretes Mi ceuse. Enter UNDERLYING Hyperglycemon UNCONIVOL CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST Hnemia PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 - YES 2 - NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF BEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED 1 Natural 5 Pending М 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide S Could not be determined 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE 10-10-90 HALF STAFF 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Morth, Day, Year) Julia Sevidon Randale.

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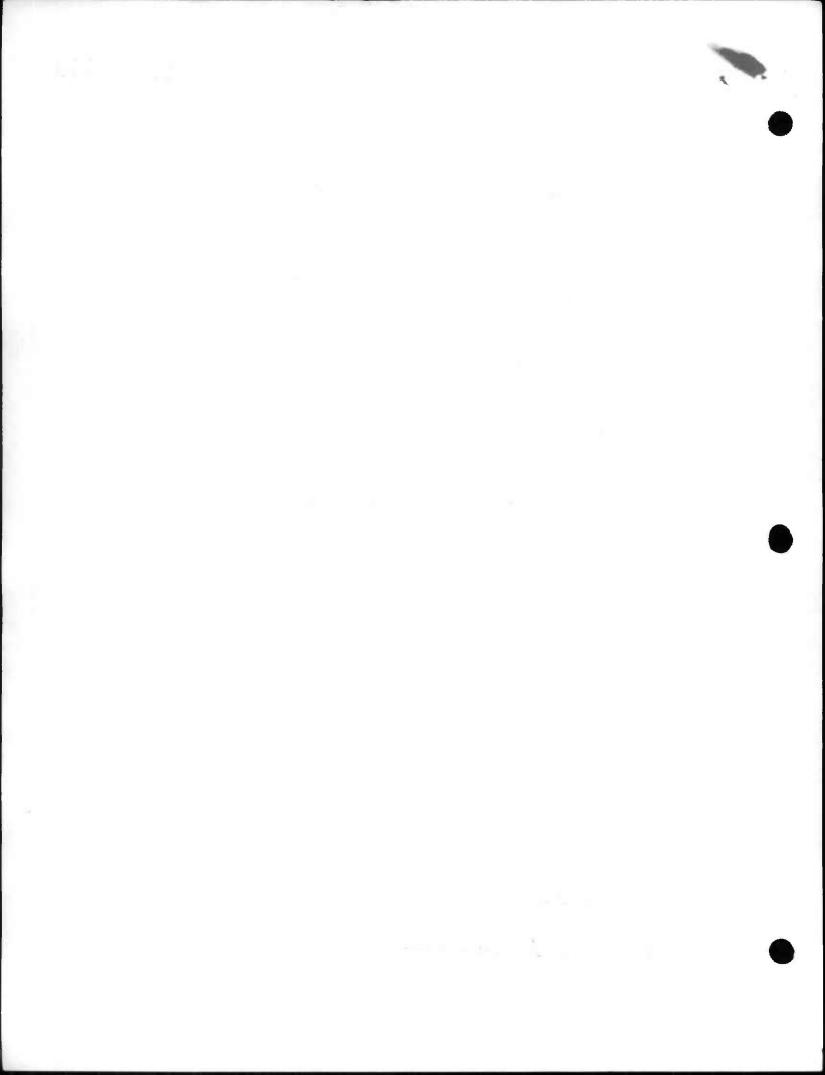
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STATE OF MARYLAND / DEPARTMENT OF H	EALTH AND ME	NTAL HYGIEN
CERTIFICATE OF	DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMI			MENTAL	HYGIENE			
	1. DECEDENT'S NAME (First, Middle, Last)	arles	7\	Т	einlein	2. DATE O	F DEATH DAY	· Y	EAR 3.	TIME OF DEATH
			Α.				0-10-9	90		4:18PM M
		SEX 6. AGE (In yrs. le	YRS. IF U	THE DAYS	IF UNDER 24 HRS. HOURS MIN.		Day, Year)		Country)	CE (State or Foreign
	219-74-8924 1 9a. FACILITY NAME (If not institution, give street			CITY, TOWN O	R LOCATION OF DE		26-59	9c. COUNTY		land
8	1504 Elmtree Str	eet			imore C			Balt		
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		I so OTTY TO	WN OR LOCAT	ON				140	1. INSIDE CITY
E		Arundel		Odent						LIMITS?
	10e. STREET AND NUMBER	ALUMEL			ZIP CODE		1	10g. CITIZEI		COUNTRY?
FUNERAL	1887 Betson Ave	nue			21113			US	SA	
5		2. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 22			ENDENT OF HISPAN					American Indlen, hite, atc.
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	,	1 YES	XXNO Specify	<i>/:</i>			Specify:	White
	15. DECEDENT'S EDUCAT	ION 16e. E	ECEDENT'S USU	AL OCCUPATIO	N .	16b.	KIND OF BUSI	NESS/INDUS	TRY	WIII CC
	(Specify only highest grade con Elementary/Secondary (0-12)	College (1-4 or 5+)	Give kind of work of fe. Do NOT use reti	fone during mod red.)	t of working					
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8	17. FATHER'S NAME (First, Middle, Last)	. Dainlian G			18. MOTHER'S NAI			Surname)		
B	Charles Anthony 190. INFORMANT'S NAME (Type/Print)			RESS (Street a	Ana E			State Zin Co	arle)	
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	4 Donation 5 Other (Specify)	Epi	ohany		opal Ce		ery :	0dent	on,	MD
	21. SIONATURE OF PUNERAL BESTVICE LICEN	BEE / / / /		22. NAME AN	sty Fun	ouny neral	Hom	e P.7	Δ.	
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AL C	PART II. Other aignificant conditions of	contributing to death but not	resulting in th	a underlying	cause given in	Part I.	24a. WAS AN			ERE AUTOPSY FINDINGS AILABLE PRIOR TO
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PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			24 PI	ACE OF DEATH (Ch		PARTI	AL		
SC	EXAMINER?	HOSPITAL:		HER:	o 5 Signoldence					
H	27. MANNER OF DEATH	26e, DATE OF INJURY	28b. TIME OF	28c. INJ	URY AT	28d. DE\$	CRIBE HOW IN			
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	3 Atcide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — Al building, atc. (Specify)	home, farm, street		ome	1502	TION (Street a	nd Number of	Aural Rou	nore,MD
	29e. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the bast of my knowledge,	death occurred at	the time date	and place, and due	to the cau	ne(e) and man	nor so stated		
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5	30 NAME AND ADDRESS OF PERSON WHO'S	COMPLETED CAUSE OF DEATH (I								
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	FRANK PERETTI, MD		111	Penn S	treet,Ba	11CIM	re, MD	2120.	L	Y

DHMH-16 Rev 1/89



TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR				CERTIF	ICAT	E OF			REG. NO.			
1. DECEDENT'S NAME (First,	Middle, Last)								ATE OF DEATH			3. TIME OF DEATH
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4. SOCIAL SECURITY NUME	ER	5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR			IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)				PLACE (State or Foreign		
199-01-378	83 1 🖫 M 2 □ F 83 YRS. MONTHS DAYS				DAYS	HOURS MIN.	008		7	PA	γ)	
9s. FACILITY NAME (If not in	stitution, give s	ion, give street and number) 9b. CITY, TOWN				Y, TOWN O	R LOCATION OF D	EATH		9c. COU	INTY OF D	EATH
Memorial	Hosi	pital			Ea	stor	1			Tal	.bot	
RESIDENCE OF DEC	EDENT											
10e. STATE	10b. COUNT					OR LOCAT	ION					10d, INSIDE CITY LIMITS?
MD	Tall	oot		E	ast							1 TES 25 NO
10e. STREET AND NUMBER						101	ZIP CODE					WHAT COUNTRY?
Route 1, E	oute 1, Box 493						21601			Ü	ISA	
11. MARITAL STATUS	Mars 101	12. WAS DECEDEN	T EVER IN U	U.S. ARMED	13		ENDENT OF HISPA		IGIN? (Specify Vac into Rican, atc.)	or No-	14. RACI Blac	E — American Indian, k, Whita, etc.
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Elementary/Secondary (0	1-12)	College (1-4 or 5	+)	machi				- 1	macl	nine	1 27	
8				machi	IIITS	L					ту	
17. FATHER'S NAME (First, M	171								rsi, Middle, Malden	Surname)		
Thomas M.		sy		Total Control					ogers			
19a. INFORMANT'S NAME (Number, City or Tow	1		
Patricia D						<u> </u>	oyal Oa	<u> </u>	· ·	1662		
28a, METHOD OF DISPOSIT	n 3 ☐ Rem	/10/90 noval from Stata		other place)			netery, crematory or				- City or To	
4 Donation 5 Other			_ Ea	stern					um Geo	rge	towr	1, DE
21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE	5	C- E			ID ADDRESS OF F					
I PIVI. P. A	100,0	Maren L'	T C	FSP.								
reaston, Maryland												
23. PART I. Enter the C	iseeses, or	complicatione the	et ceused	the deeth. Do						retory e	rreet,	Approximate
shock, or h	eart failure.	complications the List only one co								retory e	rreet,	Interval Between
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shock, or h IMMEDIATE CAUSE (Fi	eart failure.	List only one ce	OBE	PNEU	not ente	er the mo				retory e	rreet,	Interval Between
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IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)

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STATE OF MARYLAND / DEPARTMENT OF	HEALTH AND	MENTAL HYGIENE
CERTIFICATE O	F DEATH	REG. NO.

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	4. SOCIAL SECURITY NUMBER		(In yrs. last birth	eday) IF UNDER	R 1 YEAR	IF UNDER 24 HRS.		TE OF BIRTH	- Ia	BIRTHPLA	7:00 a M
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T PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	280	b. TIME OF INJURY	28c. INJI WO	RIC?	_	DESCRIBE HOW II	YJURY OCCU	RED	
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O BE	29b. SIGNATURE AND TITLE OF CERTIFIE	7 hr				D24	MBER	/)	29d. DATE :	2	onth, Day, Year)
-	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF D		(Type, Print)	LAU	PBL-B	erw	IR RD	#303	L1	HURRL 12 20701
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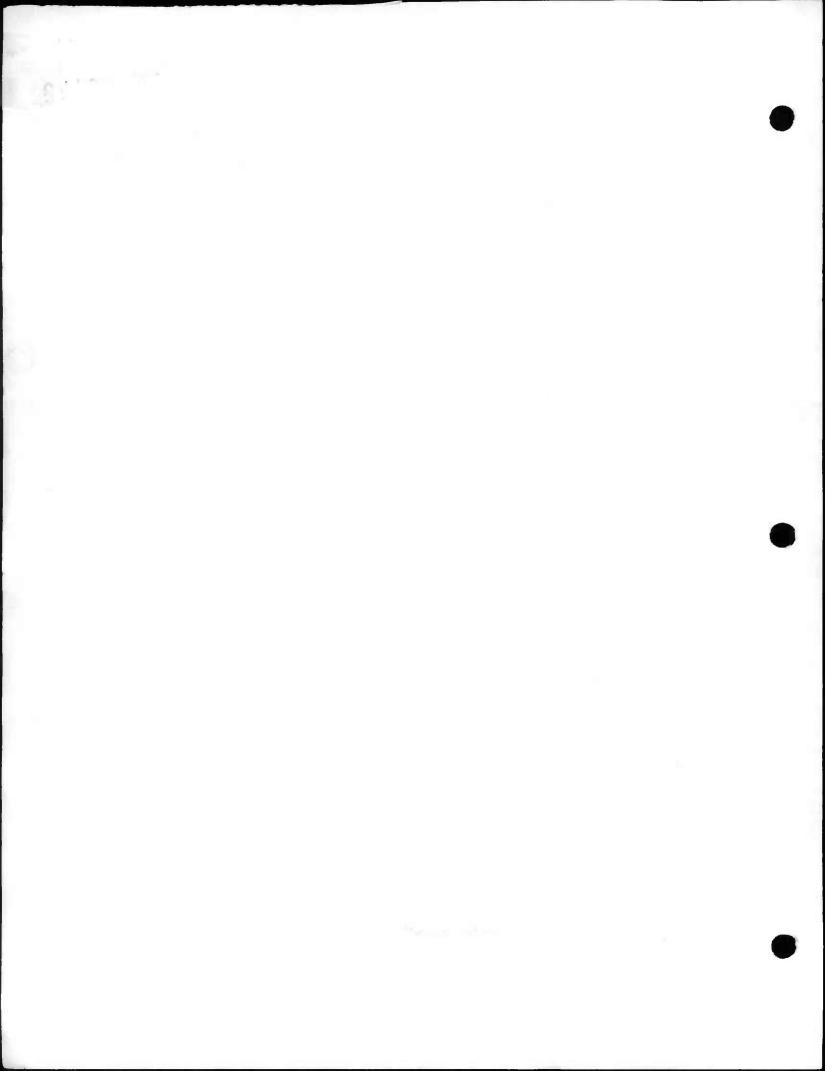
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the		
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) Barton Calvin 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR PAJUMO October 4. 1990 4 SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year, BIRTHPLACE (State or Foreign Country) 5 SEY 6. AGE (In vrs. lest birthdev) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. 1 3 M 2 F 219-14-8673 63 YRS. 7, 1926 Nov. Maryland 9e. FACILITY NAME (If not institution, give street and number) 9h CITY TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH Washington County Hospital DIRECTOR Washington Hagerstown 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Washington Hagerstown 1 YES 2 1 NO 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 2377 Pennsylvania Avenue 21740 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indien, Bleck, White, atc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 ☐ YES 2 ☒ NO Specify: 1 Never Merried 2 Married Specify: BY 3 Widowed 4 Divorced white ETED. 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 0 - 9ribbon manufacturer 17. FATHER'S NAME (First, Middle, Lest) 18. MOTNER'S NAME (First, Middle, Meiden Surname) Franklin W. Dowler Edith R. Schildtknecht BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State. Zio Code: 2 Mrs. Shirley Alexander 2377 Pennsylvania Avenue, Hagerstown, MD 21740 20a_METNOD OF DISPOSITION
1 Burial 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or 20c. LOCATION - City or Town, State Rest Haven Hagerstown, Maryland 4 Donation 5 Other (Specify) Cemetery 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MINNICH FUNERAL HOME 415 East Wilson Blvd., Hagerstown, MD 21740 23. PART I. Enter the dieeees, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximete shock, or heert fellure. Liet only one cause on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Finel disease Dr condition F1 resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentistly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL botructive AVAILABLE PRIOR TO Disay linewar COMPLETION OF CAUSE 1 YES 2 NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one, **EXAMINER?** 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 26a. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 27. MANNER OF DEATH 26b. TIME OF INJURY 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be COMPLETED 4 Homicide 29e. CERTIFIER 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(e) end menner ee ateted. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE 4000 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pript) wo grate the place with and all



TO BE COMPLETED BY FUNERAL DIRECTOR

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

10

29e. CERTIFIER (Check only one)

31. DATE FILED (MONTO)

29b. SIGNATURE AND TITLE OF CERTIFIER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, ABULLA SAW ADVSAGE M)

July Davidson-Kandall

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1 - STATE REGISTRAR		STATE OF N	IARYL					HEALTH F DEA		MENT	AL HYGI REG.				
1. OECEDENT'S NAME (First	, Middle, Last)	> 0		,						2. DA	TE OF OEATH	DAY	YEAR	3. T	IME OF DEATH
JOH	7N,	DUB	YA	K						10		7	90		11.20PM
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE	(In yrs. last	birthday)		DER 1 YEAR		R 24 HRS.		E OF BIRTH		8. BIRT Coun	HPLAC	CE (State or Foreign
190-26-449	7	1 🔀 M 2 🗆 F		54	YRS.	MONTH	B DAYS	HOURS	MIN.	Jui	ne 29	,1936	Pen	nsy	lvania
90. FACILITY NAME (If not in	stitution, give s					9b. C	ITY, TOW	OR LOCAT	ION OF O			90,00	UNTY OF	DEATH	- 20'-1
SOUTHERN	MAK	YLAND	Hos	PILA	12	(261	NTO	N			Pi	RIN	CE	GEERGES
RESIDENCE OF DEC														_	
10e. STATE	10b. COUNTY				100		N OR LO							10d.	INSIDE CITY LIMITS?
Maryland		ce George	e's		For	res	tvi1				- 17				YES 2 X NO
10e, STREET AND NUMBER								10f. ZIP COD	-		j	10g. C	TIZEN OF	WHAT	COUNTRY?
7712 Zeneya	ard Dr	•						2074	7	_		U.	S.A.		
11. MARITAL STATUS	Micros	12. WAS DECEDEN FORCES? 1	T EVER I	N U.S. ARI	MED						GIN? (Specify to Ricsn, atc.	Yes or No-	14. RAC	E - A	merican Indien, ite, atc.
1 Never Merried 2 X 3 Wildowed 4 Divo		IF YES, GIVE W			•			ES 2X NO			o riican, atc.	,	_ Spec	cify:	
						1							1	Cas	sian
	EDENT'S EDU ly highest grade			(Gh	CEDENT'S ve kind of v Do NOT us	work do	ne during	TION most of work	ing	1	6b. KINO OF	BUSINESS/II	NDUSTRY		
Elementary/Secondary (0	0-12)	College (1-4 or 5	-)				•	ricia	n	- 1	dept.	of th	e Ai	r F	orce
	Alian de la	0		air	Clai	t e	Tect								
17. FATHER'S NAME (First, M											t, Middle, Ma	iden Surneme)			
Samuel Du	1			1				_	a Ha						
the respect of the same of				190						Houte No	imber, City or	Town, State, 2	cip Code)		
Mary J. Du			1					0 a-f					-		W
20e. METHOO OF OISPOSIT	on 3 🗆 Rem	oval from State		other pla	ice)			cemetery, cre		Och		LOCATION -			State
4 Donation 5 Other		eutre/	13	SXY	ter a			rthoc		Cem		Pattor			*
21. SIGNATURE OF FUNE		100	/				6633	ton,	Alex	and	er Fei	Funera	T HO	me,	inc
	SE	1	24	(CLin	ton,	MD 2	:073	5				
23. PART I. Enter tile d	lisesses, or	complications tha	t ceuse	d the de	ath. Do r	not en	ter the	node of dy	Ing, suc	ch as c	srdiac or n	espiratory s	errest,		Approximate
IMMEDIATE CAUSE (Fig.		List only one csu	ise on e	esch line.						V)	. /		i	Interval Between Onset end Death
disease or condition	→	Car	RI	Sa) Se	·a		C 1		(14	Sp	170	سار	10	_
reaulting in death)		OUE TO	OB AS	A CONSEC	DUENCE O	þ:			-		110	<u> </u>		, J	
		1	2)	1+	158	7.75	26	~	1	The	~~	TH	- 4	
Sequentieily list condit if eny, leeding to imme		DUE TO	(OR AS	A CONSEC	UENCE O	P(-)	, R	100	0	7	4	0.			
cause. Enter UNDERLY	ING	800	5+>	١) ١	/ ,	7	' (.	rece.	4	0	100	nce	2		
CAUSE (Disease or Injuthat initiated events	ury	DUE TO	(OR AS	A CONSEC	UENCE O	F):		, , ,			<	2100	c/l	. 4	200
resulting in death) LAS	ST	· AC	0.	M	VC	1		744				BING	- 0		
PART II. Other significa	ant condition	e contribution to	dooth	hut mat a	- author	In the	m el a els	dan savina	aluan la	Don't I	T 04- NW	C ANI ALITTORS	. 1.,	h WEE	T ALTOROV FRIDANCO
PART II. Other significa	2/	is contributing to	and and and	out not n	esuiting	2	underly	ing ceuse	given in	ran, i.		S AN AUTOPS RFORMED?	1 24	AWA	E AUTOPSY FINDINGS ILABLE PRIOR TO
- 17	101	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	1	0	0	_	- / /	-		-	1 🗆 YE	S 2 NO			MPLETION OF CAUSE DEATH?
E	and a	101	le	e.	-	0	M	1	nu	φ_				1 [YES 2 NO
25. WAS CASE REFERRED T	TO MEDICAL						28	PLACE OF	OEATH (C	heck only	one)				***
EXAMINER? 1 YES 2 NO		HOSPITAL:	ER/Out	patient 3	□ DOA		HER: Nursing H	ome 5 🗆 F	Reeldance	s 🗆 n	ther (Specify)	1			
27. MANNER OF DEATH	-	28e. DATE OF	INJURY		28b. TIM	E OF	28c.	INJURY AT		_		OW INJURY C	CCURED		
7	Pending Investigation	(Month, E	ray, Year)		IN.	JURY A		WORK?	□ NO						
2 Accident 3 Suicide S	Could not be	28e. PLACE C	F INJUR		me, ferm,	atreet,	factory, o	ffice			OCATION (St	reet end Numi	ber or Rural	Route	Number,
A D Mandalds	determined	Dollaring,	ater (obe	scriy)						L 4	ity or lown, a	olato)			

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end placs, end due to the cause(e) end menner as stated.

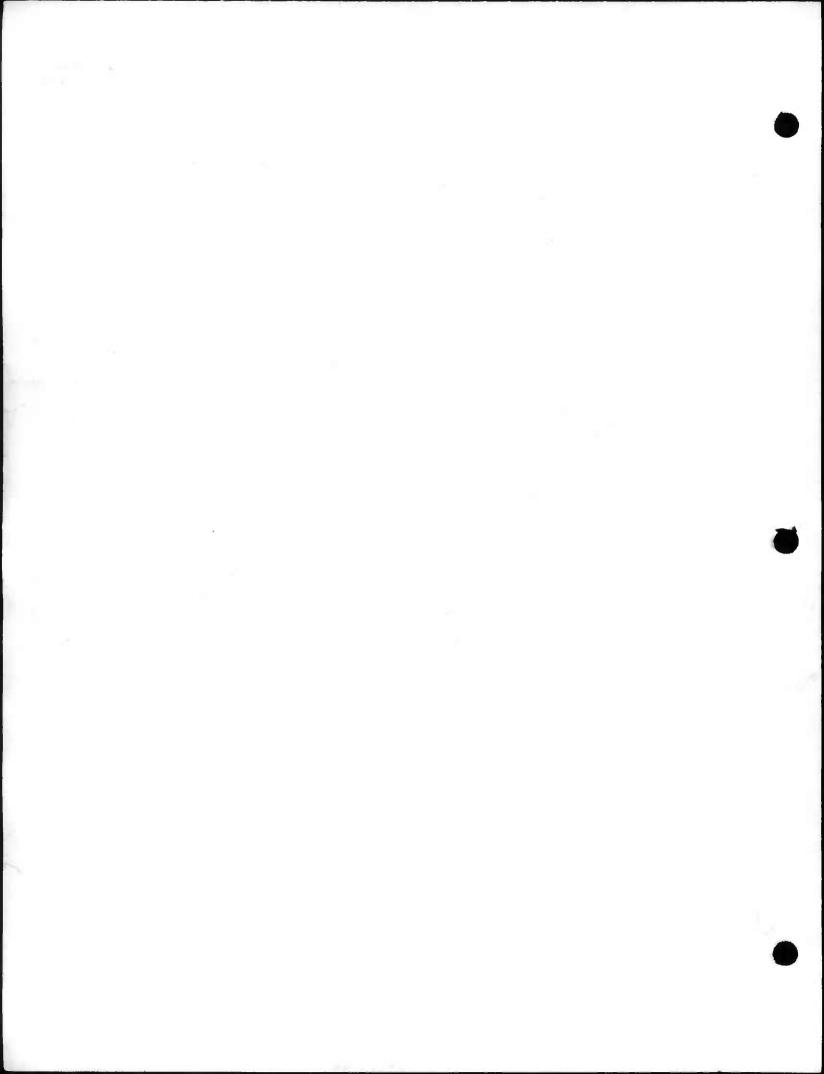
2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and manner ee stated.

2

29c. LICENSE NUMBER D24208

6000

29d. DATE SIGNEO (Month, Day, Year)



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR				EKIIF	CALL	UF	UEA	10	RE	3. NO.			
127	1. DECEDENT'S NAME (First, MI ROBERT HI		RT DUNC	AN						2. DATE OF DE	ATH DAY	1	YEAR	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER 370-42-8710		5. SEX 1 M 2 F	8. AGE (In yrs. I	sst birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDE	MIN.	7. DATE OF BIR (Month, Day, FEB 2		12	Countr	IPLACE (State or Foreign y) HIGAN
4	9e. FACILITY NAME (If not institu									NTY OF D				
	3 STAYMAN		7E		PORT DEPOSIT, MD							CECI	L	
	100. STATE 1ARYLAND	DE. COUNTY	CIL			ORT		TION POSI	T					10d. INSIDE CITY LIMITS? 1 YES 2 NO
LONEDAL	3 STAYMAN	N DRI	VE				1	1. ZIP COD 219(10g. CIT	US.	VHAT COUNTRY?
5	11. MARITAL STATUS 1 Never Married 2 Marital 3 Widowed 4 Divorce	987		If yes, sp	ecify Cub	OF HISPAN en, Mexica Specify	IIC ORIGIN? (Spe n, Puerto Rican, o ::	city Yes (e or No— 14. RACE — American Indian, Black, White, etc.					
2012	15. OECED (Specify only hi Elementary/Secondary (0-12				ECEDENT'S (Give kind of ville. Do NOT us	USUAL O work done retired.)	CCUPATI during m	ON pet of work	ing	16b. KIND	OF BUSI	NESS/IN	DUSTRY	- Aller and Aller
4	UNKNOWN				MILA	TAR	SI	7		-		ARM	Y	
	17. FATHER'S NAME (First, Midd HERBERT		DIMCAN					18. MO1		ME (First, Middle, L. ROBE				
	19a, INFORMANT'S NAME (Type		DUNCAN		19b. MAILING	ADDRES	S (Street	and Numbe	0 = 1 = 1	RODE Route Number, City			p Code)	
2	LAVERNE M	I. DU	NCAN							RT DEP				21904
	20e. METHOD OF DISPOSITION	l 3 ☐ Remo	val from State	20b. PLAC	E OF DISPOS	SITION (N	me of ce	metery, cre	matory or		20c. LOC	ATION -	City or To	wn, State
	4 Donation 5 Other (S)	oecify)			EBAN						ISI	NG	SUN	MD
	21. SIGNATURE OF FUNERAL S	L/	Les	el.		22.	R	т.		RD FUN SUN, M				
MOLIPOLITIC	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list condition if any, leading to immedia cause. Enter UNDERLYNIN CAUSE (Disease or injury that initiated events resulting in death) LAST	ite	DUE TO	OR AS A CONS	EQUENCE O	F):								3 mo
7	PART II. Other significant	conditions	contributing to	death but no	resulting	In the u	nderlyin	g cause	given in	Part I. 24s.		WTOPSY	246	. WERE AUTOPSY FINDINGS
. media											YES 2			MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
H SICIAN: M	25. WAS CASE REFERRED TO I	MEDICAL	HOSPITAL:			OTHE		LACE OF	DEATH (Ch	eck only one)				
5	1 TES 2 NO		1 Inpatient 2		_	4 🗆 Nu	reing Hor		lesidence	6 Other (Spec				
	27. MANNER OF DEATH 1 Natural 5 Pe 2 Accident Inv	nding restigation	28a. DATE Of (Month, I	Day, Year)		M	1 🗆	JURY AT ORK? YES 2	□ NO	28d. DESCRIBE	HOW IN	JURY O	CURED	
		uld not be termined	28e. PLACE (building	OF INJURY — At , etc. (Specify)	home, farm,	street, fec	tory, offi	De .		28f. LOCATION City or Town	(Street ar n, State)	nd Numbe	or or Rural i	Route Number,
COMPLEIED	cont only		CIAN: To the best of e											e) end manner as stated.
O DE	29b. SIGNATURE AND TITLE O	6N1	COMPLETE CAL	MD	TEM 27 /50-	(Brigat)		29c. LIC	53	14		29d. DA	0/5	(Menth, Day, Year)
	Henry 31. DATE FILED PORTE Day, Ob		kas,	UP,	FILT	on.	N	תו						
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The law requires that the death cert	ate has been signed by the attending	em 23 shows any Injury, or of
IAN: The law requires that the death cert	tificate has been signed by the attending	or Item 23 shows any Injury, or of
/SICIAN: The law requires that the death cert	s certificate has been signed by the attending	d, or Item 23 shows any Injury, or of
PHYSICIAN: The law requires that the death cert	this certificate has been signed by the attending	irked, or Item 23 shows any Injury, or oll
ING PHYSICIAN: The law requires that the death cert	After this certificate has been signed by the attending	marked, or Item 23 shows any Injury, or other
ENDING PHYSICIAN: The law requires that the death cert	NR: After this certificate has been signed by the attending or death with the State hand of Health and Mental Hyride	is marked, or Item 23 shows any Injury, or oil
ATTENDING PHYSICIAN: The law requires that the death cert	ECTOR: After this certificate has been signed by the attending	28 is marked, or Item 23 shows any Injury, or oil
DR ATTENDING PHYSICIAN: The law requires that the death cert	DIRECTOR: After this certificate has been signed by the attending	tem 28 is marked, or Item 23 shows any Injury, or oil
TAL DR ATTENDING PHYSICIAN: The law requires that the death cert	AL DIRECTOR: After this certificate has been signed by the attending	If Item 28 is marked, or Item 23 shows any Injury, or oil
SPITAL DR ATTENDING PHYSICIAN: The law requires that the death cert	NERAL DIRECTOR: After this certificate has been signed by the attending him 72 hours after death with the State Dam of Health and Mental Horisis.	NT: If Item 28 is marked, or Item 23 shows any Injury, or oil
HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death cert	E FUNERAL DIRECTOR: After this certificate has been signed by the attending units of Health and Mental Hydia	RTANT: If Item 28 is marked, or Item 23 shows any Injury, or oil
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached any action of removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

Edison B. Moody

31. DATE FILED (Month, Day, Year)

OCT 11 '90

MD

32. REGISTRAR'S SIGNATURE
Julia Davidron Rando 100

	FOR 1 - STATE REGISTRAR	STATE OF M			TMENT OF			MENTAL HYGIEN REG. NO		90	286/5
	1. OECEDENT'S NAME (First, Middle, Last)	VIOLET	FERN D	e Han	HART			2. DATE OF DEATH	w11-	9 O	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 216-38-0160	5. SEX 1 M 2 F	6. AGE (In yrs. last 92	YRS.	IF UNDER 1 YEA		R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) Feb 4, 18	398	Country)	ACE (State or Foreign
	9e. FACILITY NAME (If not institution, give st	treet and number)			9b. CITY, TOW	N OR LOCAT	ION OF DE			NTY OF DEAT	гн
S	Clearview Nursin	g Home			Hage	erstow	m		Wa	shing	ton
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	,		100 CITY	, TOWN OR LO	CATION				140	d. INSIDE CITY
DIRECTOR	Maryland Was	hington			lagers					1	LIMITS?
FUNEHAL	5 Nursery Road					10f. ZIP COT				U.S.A.	T COUNTRY?
N	11. MARITAL STATUS	12. WAS DECEDENT		100	40 400						
BY FU	1 Never Merried 2 Merried 3 Wildowed 4 Divorced		YES 2 N		If yes.	specify Cub	en, Mexica	HC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)	or No-	Black, V Specify:	American Indian, white, atc. White
E	15. DECEDENT'S EDUC	CATION	16a. OE	CEDENT'S	USUAL OCCUP	ATION		16b. KIND OF BU	SINESS/IN	OUSTRY	WILLE
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	Mo	ve kind of w Do NOT us	rork done during e retired.)	most of work	ing				
COMPLEI	8			Homen	naker			Own H	lome		
Š	17. FATHER'S NAME (First, Middle, Last)					18. MO	THER'S NA	ME (First, Middle, Maiden	Surname)		
BEC	Robert Snow	den Cl	ingan				Emma	Virgi	nia	Sn	nith
2	19a. INFORMANT'S NAME (Type/Print)							Route Number, City or Tow			
=	Virginia S. De	lauder	2	150 I	Lexingt	on Av	enue	, Hagersto	wn,	Maryla	and 21740
	20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from Stata	20b. PLACE of other place Rest	of dispos	en Ceme	cemetery, cre	matory or			City or Town	state Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	Brea	ly		Andı	ew K.	Cof		al H	ome,]	Inc.
	23. PART I. Enter the diseases, proshock, prheart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a		as	not enter the	mpde of d	ying, auc	h aa cerdlec or resp			Approximate interval Between Onset and Death
EHILICATION	Sequentielly liat conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	COR AS A CONSECUTOR AS A CONSECUTOR		7):	aut.	Core	&-CL			ylaz
MEDICAL CE	PART II. Other algnificant condition Chosic M Chosic file	inoxer	death but not r			ying cause	given in	Part i. 24a. WAS AN PERFO	RMED?	A C	ERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER			6 Other (Specify)			
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF (Month, De	INJURY	28b. TIM	E OF 26c.	INJURY AT WORK? YES 2		28d. DESCRIBE HOW	INJURY O	CCURED	
ED	2 Accident Investigation 3 Suicide 6 Could not be determined	28e, PLACE Of building,	INJURY — At ho	me, farm, i	street, factory,	offica		261. LOCATION (Street City or Town, State		er or Rural Rou	rte Number,
COMPLE	29a. CERTIFIER (Check only one) 1. CERTIFYING PHYSI 2 MEDICAL EXAMINE										and manner se stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	1 Thorse	(h)			29c. LJ	CENSE NU	MBER ST/	29d. DA	TE SIGNED (A	fonth, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WH	IO COMPLETED SAUS	E UP DEATH (ITE	M 27) (Type	rint)						

1190 Mt. Aetna Road, Hagerstown, Md. 21740

ECTOR	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last birtho	(9/) IF UNDER 1 YEAR IF UNDER 24 HRS. S. MONTHS DAYS HOURS MIN. 9b. CITY, TOWN OR LOCATION OF LAGER STOAD.	7. DATE OF BIRTH (Month, Day, Year) 12-2-1987 DEATH 9c. COU	3. TIME OF DEATH 90 2:15 P M 6. BIRTHPLACE (State or Foreign Country) NTY OF DEATH Shington 104. INSIDE CITY
ED BY FUNERAL	10e. STREET AND NUMBER RH 4 BOX /8/ 11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 15. DECEDENT'S EDUC (Specify only highest grade of	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES ATION 16a. DECEDER (Give Wind Park)	13. WAS DECENDENT OF HISP If yee, specify Cuban, Mexis 1 ☐ YES 2 NO Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. S	ANIC ORIGIN? (Specify Yea or No— can, Puarto Rican, atc.)	ILMITS? 1 YES 2 NO IZEN OF WHAT COUNTRY? 1. S. A. 14. RACE — American Indian, Black, Whita, stc. Specify: WHITE DUSTRY
TO BE COMPLE	17. FATHER'S NAME (First, Middle, Lest) 19a. INFORMANT'S NAME (Typo/Print)	DoyLE	NONE 18. MOTHER'S N DREA	THA KAY HI	16GINS
	4 Donation 5 Other (Specify)	val from State other place) BROADFC	PDING MEMORIAS 22. NAME AND ADDRESS OF	LGARDEN HAGER	City or Town, State STOWN, MD. WC. MD 21722
		Smoke Inhalatio	n	uch aa cardiac Dr respiratory ar	Approximata Interval Batween Onset end Death Moments
ERTIFICATION	Sequentially liat conditiona, If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST				
MEDICAL	PART II. Other algnificent conditions	contributing to deeth but not reault	ing in the underlying ceuse given	In Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 \ NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHER:	Check only one)	
РНҮ	27. MANNER OF DEATH 1 Netural 5 Pending		A	28d. DESCRIBE HOW INJURY OF Smoke Inha	
	3 Suicide 8 Could not be 4 Hornicide determined	building, atc. (Specify)		28t. LOCATION (Street and Number City or Town, State) GOSS Rt. #4, Hagerstown	ard Mill Rd ard Mill Rd , Maryland 21740
COMPLE	one) 2 X MEDICAL EXAMINER	3: On the basis of examination end/or invest			
TO BE	Schward W	Vi 240000	DO 1		tober 9, 1990
	BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED BY	4. SOCIAL SECURITY NUMBER 9e. FACILITY NAME (If not Institution, give str. R. H. BOX B RESIDENCE OF DECEDENT 10e. STREET AND NUMBER R. H. BOX B 10e. STREET AND NUMBER R. H. BOX B 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUC (Specify only highest grade of Elamentary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) 19e. INFORMANT'S NAME (Type/Print) 20e, METHOD OF DISPOSITION 1 Burles 2 Cremetion 3 Remo 4 Donation 5 Other (Specify) 21. SIGNAPORE OF FUNERAL SERVICE LICE 23. PART I. 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Edward W. Ditto, III, M.D., 217 West Washington Street, Hagerstown, Maryland 21740

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE who Davidson-Randalle

31. DATE FILED (Month, Day, Year)

nct 10 '90

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-frours after death. Page 6 may be retained by the IT PHE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at on	the the	det		0
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M. Shrestha, M.D.
31. DATE FILED (Month, Day, Year)

OCT. 0.9. '90

	FOR 1 - STATE REGISTRAR		STATE OF !	MARYLAN	D / DEPAI CERTIF	RTMEN	T OF H	EALTH DEAT	AND I	MENTAL HY	GIENE	90	2	88	577
	t. DECEDENT'S NAME (First Rheda.	, Middle, Last) W•	Duncan		1					2. DATE OF DE		19	90	18	NE DE DEATH
	4. SOCIAL SECURITY NUMI	BER	5. SEX	8. AGE (In yr	s. last birthday)		R 1 YEAR	IF UNDER		7. DATE OF BIR (Month, Day,			Countr	n/i	(State or Foreign
	215-44-59	04	1 M 2 F		91 YRS.	MONTHS		HOURS	MIN.	9/12/1	2/1899		Mar	ÿΊ	and
OR	9a. FACILITY NAME (# not in Deer's Head	l Cent	er				r, town o		ON OF DE	EATH	9c. COUNTY OF DE				
DIRECTOR	RESIDENCE OF DEC	10b. COUNT	Υ	_	10c. CIT	ry, town	OR LOCAT	ION						10d. l	NSIDE CITY
DIR	Maryland	Word	ester		Pod	comc	ke								IMITS? YES 2 NO
	10e. STREET AND NUMBER			101. ZIP CODE 10g. CITIZEN OF WHAT C										OUNTRY?	
ER	402 Cedar	Stre	reet 21851 USA												
BY FUNERAL	11, MARITAL STATUS 1 Never Married 2 3X Widowed 4 Dive		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO If YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No- If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE Black, V 1 ☐ YES 2 ☒ NO Specify: Scoolity:									k, Whit			
	15. OEC	EDENT'S EDU	I ICATION	White TION 166. DECEDENT'S USUAL OCCUPATION 166. KIND OF BUSINESS/INDUSTRY										III.CE	
COMPLETED	(Specify on Elementary/Secondary (ly highest grade	College (1-4 or 5		(Give kind of life. Do NOT L	work done see retired.	during mo	st of worki	ng	1350.1001					
IPL	11	, ,	4		ousew.	ife									
Ö	17. FATHER'S NAME (First, A	ficialie, Lest)						18. MOT	HER'S NA	ME (First, Middle,	Maiden S	Surname)			
BE (Dr. Willia		Walter	S				An	ne	Merril	1				
10	19a. INFORMANT'S NAME (Route Number, City					
	Martha D.		·							comoke					
	20s. METHOD OF DISPOSIT 1	r (Specify)		ott	her place)	apt	ist	Cem	ete	rv		OMO			
	21. SIGNATURE OF FUNERA	AL SERVICE LI	CENSEE M. l. a.o.			j		on	Fun	сылу eral H Росото			0.3		7
-	23. PART I. Enter the d														Approximate
	immediate cause (Fi disease or condition resulting in death)		Cereb:		cular	Acci	dent								Interval Between Onset end Death
					ONSEQUENCE (OF):									,
NO	Sequantially liet condi-	tions.	0.	ertens	NSEQUENCE									-	
ATIC	If any, leading to imme ceuse. Enter UNDERLY	diate		100	MSEQUENCE (DF):								i	
ERTIFICATION	CAUSE (Disease or injuthet initieted events			OR AS A CO	INSEQUENCE (OF):								-	
E	resulting in death) LAS	т	4												
ပ	DARW II CAN I - III					1- at-	-4-4-1-			par las					
SAL	PART II. Other signific							-	-	1 3	PERFOR		240	AVAIL	ABLE PRIOR TO PLETION OF CAUSE
EDK	. C.O.P.D.	,utt,	Sacrat	1ecup1	tus ul	cer	st.g	e IV		10	YES 2	NO		OF D	EATH?
M						-			-					1 🗌	YES 2 NO
AN	25. WAS CASE REFERRED	TO MEDICAL	F				26. PI	LACE OF I	DEATH (C	heck only one)					
SIC	EXAMINER?		HOSPITAL:	☐ ER/Outpatie	ent 3 🗆 DOA	OTHE 4 No	R:			8 Other (Spec	elfv)				
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	Pending	28a. DATE O (Month,	F INJURY Day, Year)	26b. TI		28c. INJ WC	URY AT ORK? YES 2		28d. DESCRIBE		NJURY OC	CURED		
TED BY	2 Accident 3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE building	OF INJURY — , etc. (Specify)	At home, farm.	, street, fa				281. LOCATION City or Town		and Numbe	r or Rural	Route I	vlumber,
COMPLETED	anal and		SICIAN: To the best of											s) snd	manner as stated.
ш	29b. SIGNATURE AND TITL	E OF CERTIFIE	ER A.					29c. LIC	ENSE NU	MBER		29d. DAT	E SIGNE	D (Mont	h, Day, Year)
то в	M. Clar Datter ALD D16278 > 10 4.90														

Deer's Head Center, Salisbury, MD. 21801

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BOX	
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RECORDS,	
VITAL RI	
OF	
DIVISION	

31. DATE FILED (Month, Day, Year)

	FOR 1 STATE	STATE OF MARYLA				MENTAL HYGIEN	E (0.0	28678
	REGISTRAR		CERTIF	ICATE C	OF DEATH	REG. NO.		0	20010
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA	W Y	YEAR 3.	TIME OF DEATH
	VERONA DEVON	DRUCKENBRO	D			SEPT 29	1990		7:05pm M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (Ir	yrs. lest birthday)	IF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year)	1 1	. BIRTHPLA Country)	NCE (State or Foreign
	578-52-3336	1 🗆 M 2 🔀 🗐	95 YRS.	MONTHS DA	TS HOURS MIN.	February95	5		Maine
	9a. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TOV	WN OR LOCATION OF D			Y OF DEAT	
8	AMT DOCTORS! Ho	SPITAL OF P	0 00	T 4377			PRT	NCE (GEORGE'S CO
DIRECTOR	AMT DOCTORS HO			LANH	an oblibit	00K			
#	10a. STATE 10b. COUNTY	1	10c. CIT	Y, TOWN OR LO	DCATION			"	d. INSIDE CITY LIMITS?
						gton D.C.			XXES 3 □ NO
¥	10e. STREET AND NUMBER				10f. ZIP CODE				T COUNTRY?
FUNERAL	1320 Tri	nidad Avenue	N.E.		2003	36	Uni	ted	States
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES			DECENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No- 1	4. RACE — Black, W	American Indian, hite, atc.
BY	1 Never Married 2 Married 3 X Widowed 4 Divorced	IF YES, GIVE WAR OR DA			YES 2 NO Speci			Specify:	
		l							White
臣	15, DECEDENT'S EDU (Specify only highest grade		16e. DECEDENT'S	work done during	PATION og most of working	16b. KIND OF BUSINESS/INDUS		STRY	
ا ت	Elementary/Secondary (0-12)	Collage (1-4 or 5+)	ille. Do NOT u						
COMPLETED		2	Claim	s Cler			. Cus	toms	2. //
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N.	AME (First, Middle, Melden			
BE	Fred P	ease				Rebecca H			
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow			
	John Drucke			-		Silver Spri			
	20a, METHOD OF DISPOSITION 1 2 Buriel 2 Cremetion 3 Rem	oval from State	other place)		of cemetery, crematory or		CATION — CI		T. Committee
	4 Donation 5 Other (Specify)		Arling	ton Na	tional Cer	metery Arl	ingto	n, Vi	rginia
	21. SIGNATURE OF FUNERAL SERVICE LIG	ZENSEE / A	W0022	Rob Bet	ert A. Pur hesda-Che	mphrey Fune Ty Chase, I Sda, Maryla	ral H	ome/ 557 W	Visconsin
-	23. PART I. Enter the diseases, or) epper)	MOO33						Approximate
	ahock, or heart failure.	List only one cause on ea	ch lina.	iiot aiitai tiia	i iliooa or dyilig, au	cii ae cardiac oi reap	natory arres	31,	Interval Batween
	disease or condition								Onset end Death
1	resulting in deeth)				N				
	readiting in deatily	B. DUE TO (OR IS A	CONSEQUENCE	me 1	Duem	· gus			
	resulting in deetily	DUE TO (OR IS A	CONSEQUENCE)F):	Pueu	senje.			
NO	Sequentially list conditions,	Did	CONSEQUENCE C	Me	leter	oeng.			
ATION		Did	reles	Me	lleter clay.	bilect	ارت		
FICATION	Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	Did	consequence of	Me	theter ,	tifect	ارت		
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	consequence of	Me	lleter,	tifect	امت		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	b	consequence of	Me	lleter,	tifect	امت		
O	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	b. Due to on as a c. Due to (or as a d.	CONSEQUENCE C	Me e	lleter,	n Part I. 24a, WAS AN			ERE AUTOPSY FINDINGS
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ED BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2XXNO 27. MANNER OF DEATH Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER Check only	b. DUE TO (OR AS A c. DUE TO (OR AS A d	CONSEQUENCE C CONSEQUENCE C ut not resulting attent 3 DOA 28b. Till At home, farm,	OTHER: 4 Nursing ME OF JURY M 1 street, factory,	28. PLACE OF DEATH (C) Home 5 Residence C. INJURY AT WORK? I YES 2 NO office	Theck only one) 24a, WAS AN PERFOIL 1 YES : Check only one) 6 Other (Specify) 28d, DESCRIBE HOW 28f, LOCATION (Street City or Town, State) us to the cause(a) and ma	INJURY OCCU	AM CCC OF 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MILABLE PRIOR TO MPLETION OF CAUSE P DEATH? YES 2 NO
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BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2XXNO 27. MANNER OF DEATH Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER Check only	b	CONSEQUENCE C CONSEQUENCE C ut not resulting attent 3 DOA 28b. Till At home, farm,	OTHER: 4 Nursing ME OF JURY M 1 street, factory,	28. PLACE OF DEATH (C) Home 5 Residence C. INJURY AT WORK? I YES 2 NO office	Description (Specify) 24a. WAS AN PERFO 1 YES: Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Nown, State) us to the cause(a) and make time, data and place, a	INJURY OCCU	URED OF Rural Roul d. cause(a) a	MILABLE PRIOR TO MPLETION OF CAUSE P DEATH? YES 2 NO

RESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Andgo PK Rd - Laudoru 20785 32. REGISTRAR'S SIGNATURE

DHMH-18 Rev 1/89

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained within 72 hours after death with the State Deat of Health and Mental Horiene prior to build. cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at on
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	FOR 1 · STATE REGISTRAR	STATE OF MARYLAN		RTMENT OF I		MENTAL HYGIEN REG. NO.		0 28679	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH DA	AY	3. TIME OF DEATH	
	Ann 4. social security number 577-09-3033		yrs. lest birthdey) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	OCT 1 7. DATE OF BIRTH (Month, Day, Year) June 11,	1898 1898	12:15A M BIRTHPLACE (State or Foreign Country) Hungary	
TOR	90. FACILITY NAME (If not institution, give street and number) Rockville Nursing Home RESIDENCE OF DECEDENT			96. CITY, TOWN Rockvi	ATH	9c. COUNTY OF DEATH Montgomery			
DIRECTOR	10a. STATE 10b. COUNT	gomery		10c. CITY, TOWN OR LOCATION Bethesda			10d. INSIDE CITY LIMITS? 13 YES 2 NO		
	10e. STREET AND NUMBER) DC		of, ZIP COOE			EN OF WHAT COUNTRY?	
BY FUNERAL	5205 Wissioming 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES	2X NO				or No- 1	S . A . 4. RACE — American Indian, Black, White, atc. Specify:	
COMPLETED	15. OECEDENT'S EDI (Specify only highest grade Elementary/Secondary (0-12)		Ba. DECEDENT'S (Give kind of life. Do NOT u	e kind of work done during most of working Do NOT use retired.)			White		
BE COM	17. FATHER'S NAME (First, Middle, Last) Andrew Sutay					IAME (First, Middle, Meiden Surname) ara Dobranski			
10 8	19a. INFORMANT'S NAME (Type/Print) Norman F. Danis, JR. 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5202 Wissioming Rd., Bethesda, Md.								
	26e. METHOD OF DISPOSITION 1 ☑ Burlel 2 ☐ Cremetion 3 ☐ Ren 4 ☐ Donation 5 ☐ Other (Specify)	noval from State A1	PLACE OF DISPO other place) rlingto	n Natior	nal Cemet	ery Ar	lingt	ty or Town, Stata	
	21. SIGNATURÉ OF FUNERAL SERVICE LI	CENSER)	[n Ave.,N.W		1 Home	
	IMMEDIATE CAUSE (Final disease or condition	complications that caused to List only one cause on aac	ch lina.		ode of dying, such	h sa cardiac or reap	Iratory arre	at, Approximata Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST B. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL (PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO						24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIAN	25. WAS CASE REFERREO TO MEDICAL EXAMINER? VES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA A Number Residence 8 Other (Specify)								
	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF Sec. INJURY AT WORK? INJURY AT WORK? M 1 VES 2 NO								
TED BY	2 Accident Investigation 3 Suicide 8 Could not be distarmined 4 Momicide distarmined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.								
TO BE C	29b. SIGNATURE AND TITLE OF CENTIFIE	Sulley	V-#		29c. LICENSE NUI	MBER	29d. DATE	SIGNED (Month, Dep Year)	

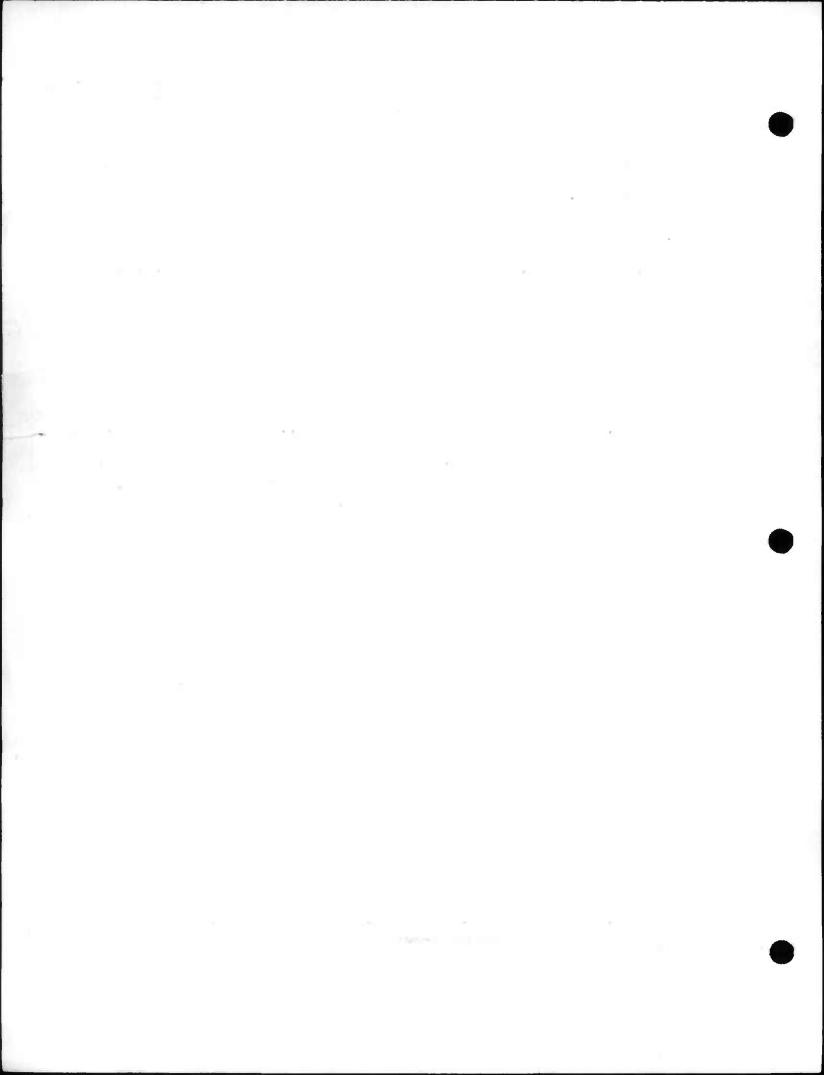
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAP'S SIGNATURE
Junia Davidson Randelle 31. DATE FILED (Month, Day, Year) 000 05 '90

DHMH-15 Rev 1/89

		s 1, 2, 3 shour		
BALTIMORE, MARYLAND 21203-3146	cours after death, Page 6 may be retained by the hospital or attending physician.	ed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page	, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mouns after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 90 28680								
	1. DECEDENT'S NAME (First, Middle, Last) ber sole					2. DATE OF DEATH MONTH DA	- 40	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (in yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BI	RTHPLACE (State or Foreign	
	0 10	2 □ F	93 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) U2-03-18	97 6	-harlton	
-	9a. FACILITY NAME (If not institution, give street Washington Co. H				Stewn, n		9c. COUNTY O	hing ton	
020	RESIDENCE OF DECEDENT					17	W43		
DIĜE	MD Washin	gton		y, town on Loc erstow				10d. INSIDE CITY LIMITS? 1 TYES 2 NO	
FUNERAL DIBECTOR	100. STREET AND NUMBER 268 S. Potomac	St.		1	of. ZIP CODE 21740		U.S.	F WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3-Wildowed 4 Divorced	. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D	2 🜄 NO	If yes, s		NIC ORIGIN? (Specify Yearin, Puarto Ricen, atc.)		ACE — American Indien, lack, Whita, atc. pecify: White	
ED	15. DECEDENT'S EDUCATI (Specify only highest grade con	ON appleted)	16a. DECEDENT'S (Give kind of v	USUAL OCCUPAT	TION nost of working	16b. KIND OF BUS	SINESS/INDUSTR	Y /	
COMPLETED		collaga (1-4 or 5+)	Owner	Opera		Gener	al Sto	re	
NO.	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Melden	Surname)		
BE		bersole				Mae Shan			
2	19a. INFORMANT'S NAME (Type/Print) Gerald L. Ebers	0] 0	196. MAILING			Route Number, City or Town		MD. 21722	
	20r METHOD OF DISPOSITION 112 Burlel 2 Cremetton 3 Remove		. PLACE OF DISPOS		emetery, cremetory or		CATION — City o		
	4 Donation 5 ther (Specify)	S	t. Paul				ar Spr	ing, MD	
	21. SIGNATURE OF FUNERAL SERVICE LICEN:	SEE :		Thor		ineral Ho			
	23. PART I. Enter the diseases, or com	Lave	7					IND.21722	
	shock, or heert fellure. Lie iMMEDIATE CAUSE (Finsi disease or condition resulting in deeth) e	Mines	ech iine.	F):				Interval Between Onset and Death	
ATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING							ingran	
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE OF):						
CALC	PART II. Other significent conditions of	contributing to deeth t	out not resulting	in the underly	ng ceuse given in	Part i. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
PHYSICIAN: MEDICA	_ cerebel an	terrela	pres m	will bu	egriso fict	1 TYES 2		COMPLETION OF CAUSE OF DEATH?	
N.									
ic/		IOSPITAL:		OTHER:	PLACE OF DEATH (C				
HYS	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	28b. TIN	AE OF 26c. 1	NJURY AT WORK?	28d. DESCRIBE HOW	NJURY OCCURE	D	
ВУР	1 Natural 5 Pending 2 Accident Investigation			M 1	YES 2 NO				
	3 Suicide 6 Could not be datarmined	28a. PLACE OF INJURY building, etc. (Spe	Y — At home, farm, ocify)	street, factory, of	fica	28f. LOCATION (Street City or Town, State)	and Number or Ri)	iral Route Number,	
COMPLETED	29a. CERTIFIER (Check only One) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and dua to the cause(a) and manner as stated.								
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	1			29c. LICENSE NU	MBER	29d. DATE SIG	NED (Month, Day, Year)	
0	30, NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DE	EATH (ITEM 27) (Tyro	e, Print)	10/85		10/	(2/90)	
		1190 Mt.			agersto	wn, MD. 2	1740		
	31. DATE FILED (MORTH Den 1991)	32 REGISTRAS SIGN				·			



TO BE COMPLETED BY FUNERAL DIRECTOR

	it permit. Pages 1, 2, 3 should	
HYSICIAN: The law requires that the death certificate be executed within 24 wours after death. Page 6 may be retained by the hospital or attending physician.	er this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should the state Dent of Health and Mental Hotelene prior to burlal, cremation, or removal.	MPORTANT. If tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHY	TO THE FUNERAL DIRECTOR; After the fled within 72 hours after death	MPORTANT: If Item 28 Is mar

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
die, Last)	ERS	2. DATE OF DEATH MONTH DAY

HENRIETTA C. F	VERS					2. DATE	OF DEATH	ž - C	YEAR	3. TIME OF DEATH
SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last hirthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	1	OF BIRTN			LACE (State or Foreign
468-01-4901	1 M 2 4	90		MONTHS DAYS	HOURS MIN.	(Mont	Day, Year)		Country	
FACILITY NAME (If not institution, give	street and number)		0 1	9b. CITY, TOWN	OR LOCATION OF D	-	17- 17	9c. COUNT		
FAJALAND	NURSI	NGL	enter	Silver	Spring			Mont	zg o m	ery
a. STATE 10b. COUN			10c. CITY	TOWN OR LOCA	TION					10d. INSIDE CITY LIMITS?
Maryland Mont	gomery		Sil	ver Spr	ing					YES 2 NO
street and number 2101 Fairland R	load			10	1. ZIP CODE 20904					States
MARITAL STATUS	12. WAS DECEDEN				CENDENT OF NISPA					- American Indian, White, etc.
Never Merried 2 Merried Wildowed 4 Divorced	FORCES? 1		Σίνο		ecify Cuban, Maxic		Rican, etc.)		Specify	
15. DECEDENT'S ED (Specify only highest grad	UCATION de completed)	16a.	DECEDENT'S L	JSUAL OCCUPATE ork done during m	ON ost of working	16b	. KIND OF BU	SINESS/INDU	STRY	
Elementary/Secondary (0-12) L2 years	College (1-4 or 5+	'	He Do NOT use	retired.)	act of Homen's					
FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N					···
Peter J. Pryts					Bend	dika	Rodha	mer		
. INFORMANT'S NAME (Type/Print)					and Number or Rural					
larilyn E. Benso	n		10 SI	hananda	le Court	Sil	ver S	oring,	Md	20904
METHOD OF DISPOSITION Burlal 2 Cremetion 3 Re Donation 5 Dother (Specify)	moval from State	othe	r place)		metery, cremetory or Park Cem			cation - c		m, State Minneso
SIGNATURE OF FUNERAL SERVICE L	Borgio	aitt	+	Bor	ND ADDRESS OF F					
	70			14400					~	
	complications the		death Da a		Powder M	ill F	d. Be	Ltsvil		
shock, or heart fallure	complications that b. List only one cau	t caused the	death. Do ni		Powder M	ill F	d. Be	Ltsvil		Approximata Interval Between
shock, or heart failure IMEDIATE CAUSE (Final sease or condition	r complications that b. List only one cau	t caused the	lina.	ot antar tha m	Powder Mode of dying, su	ill F ch sa can	d. Be	ratory arre	st,	Approximata Interval Between
AMEDIATE CAUSE (Final sease or condition soulting in death)	a. List Dnly one cau	t caused the	lina. erdic	ot enter the m	Powder Mode of dying, su	ill F	diac or reap	ratory arre	et,	Approximata Interval Betwee Onset and De
shock, or heart failure MMEDIATE CAUSE (Final Isease or condition	a	(OR AS A CON	lina. erdic	ot antar tha m	Powder Mode of dying, su	ill F	diac or reap	ratory arre	et,	Approximata Interval Betwee Onset and De
shock, or heart failure AMEDIATE CAUSE (Final isease or condition seuting in death) equentially list conditions, any, leading to Immediate ause. Enter UNDERLYING	a	t caused the se on each I	ISEQUENCE OF	ot enter the m	Powder Mode of dying, su	ill F	diac or reap	ratory arre	et,	Approximata Interval Betwee Onset and De
shock, or heart failure #MEDIATE CAUSE (Final sease or condition seulting in death) equentially list conditions, any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury hat initiated events	a	t caused the se on each I	Ilina. EV dice ISEQUENCE OF VONO	ot enter the m	Powder Mode of dying, su	ill F	diac or reap	ratory arre	et,	Approximata Interval Betwee Onset and De
shock, or heart failure AMEDIATE CAUSE (Final isease or condition resulting in death) equentially list conditions, any, leading to immediata suse. Enter UNDERLYING AUSE (Disease or Injury	a	t caused the se on each I	ISEQUENCE OF	ot enter the m	Powder Mode of dying, su	ill F	diac or reap	ratory arre	et,	Approximata Interval Betwee Onset and De
shock, or heart failure #MEDIATE CAUSE (Final sease or condition seulting in death) equentially list conditions, any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury hat initiated events	a	COR AS A CON	ISEQUENCE OF	ot antar tha m	Powder Mode of dying, su	ill F	2da. Bediac or reap	tsvil ratory arre	et,	Approximata Interval Between Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De On
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2 1 2 3 market

3. TIME OF DEATH

BIRTHPLACE (State or Foreign Country)

Missouri

YEAR

9c. COUNTY OF DEATH

Talbot

90

11:29Pm

4. SOCIAL SECURITY NUMBER

486-01-0215

MEMORIAL

RESIDENCE OF DECEDENT

9e. FACILITY NAME (If not institution, give street and number)

np' c

Elliott

IF UNDER 1 YEAR IF UNDER 24 HRS.

Easton,

9b, CITY, TOWN OR LOCATION OF DEATH

Miller

1 🔀 M 2 🗌 F

HOSPITAL

6. AGE (In yrs. last birthday)

2. DATE OF DEATH

10 7. DATE OF BIRTH (Month, Day, Year) 10 13 12

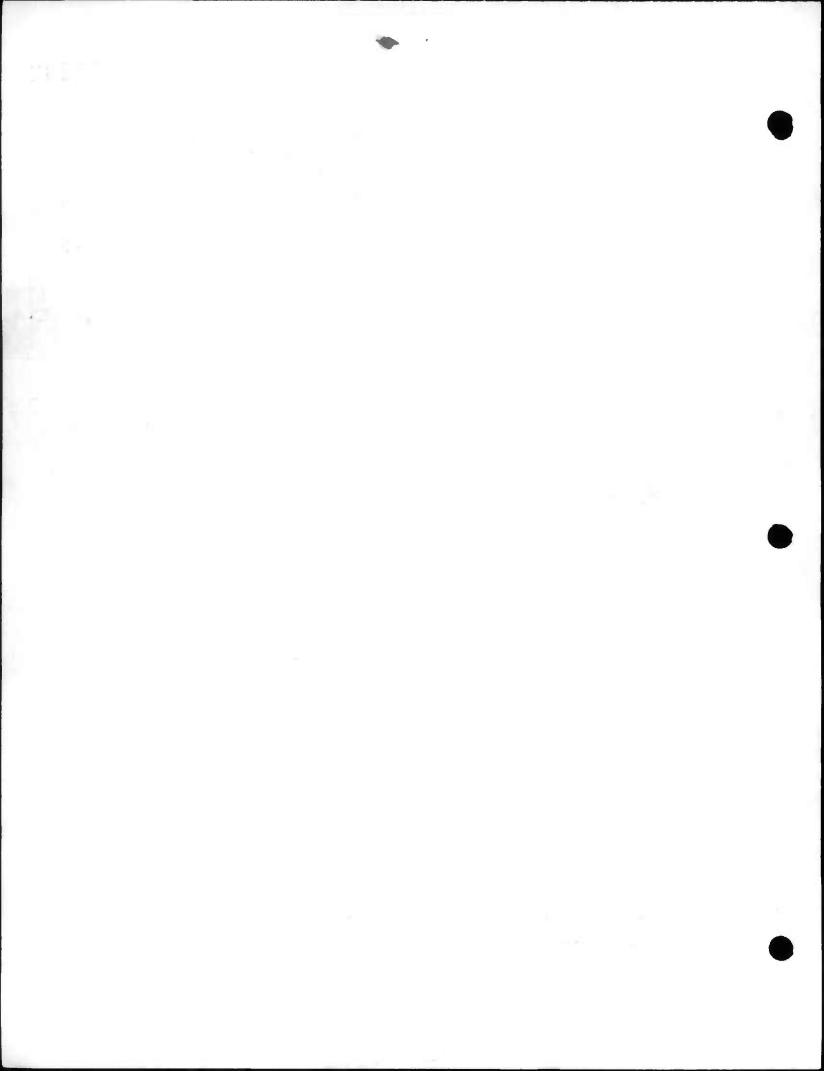
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BALTIMORE, MARYLAND 21203-3146	VSICIAN: The law requires that the death certificate be executed within 2s rours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. He state Dept, of Heatth and Mental Hygiene prior to burial, cremation, or removal.	
	NO.	ed in	
F VITAL RECORDS, P.O. BOX 13146,	SICIAN: The law requires that the death certificate be executed within 27	s certificate has been signed by the attending physician and completely filled in by the tith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	

DIRECTOR 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10e STATE 10d, INSIDE CITY MO Jackson Kansas City 1 X YES 2 NO 10a. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 64112 USA 4901 Wornall Road 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 XYES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Ricen, etc.) 1 Never Married 2 Merried 1 ☐ YES 2 NO Specify Specify: BY 3 ☑ Widowed 4 ☐ Divorced World War white COMPLETED 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15 DECEDENT'S FOUCATION 166. KIND OF BUSINESS/INDUSTRY (Specify only high Elementery/Secondery (0-12) College (1-4 or 5+) 12 4 executive sporting goods 17. FATHER'S NAME (First, Middle, Last) 18. MÖTHER'S NAME (First, Middle, Melden Sumeme) Amelia Neill John R. Elliott **BE** notified 19e, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 10 Clifton L. Elliott 5140 Sunset Dr., Kansas City, MO 64112 pe 20s. METHOD OF DISPOSITION
1 [XBurlet 2] Cremation 3] Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, Stata must Forest Hills Cemetery Kansas City, MO 4 Donation 6 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Newnam Funeral Home ensuever Easton, Maryland medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heert feilure. List only one ceuse on each line. IMMEDIATE CAUSE (Finei the disease or condition injurades infort acute event, resulting in death) OUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24h. WERE ALTOPSY FINDINGS 24s. WAS AN AUTOPSY PHYSICIAN: MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 23 shows any typer tension 1 TYES 2 TNO OF DEATH? 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem OTHER: 1 Inpatient 2 ER/Outpetient 3 DOA 1 X YES 2 - NO ng Home 5 🗆 Reeldence 8 🗆 Other (Specify) 6 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED TO THE HOSPITAL OR ATTENDING PHYSIS TO THE FUNERAL DIRECTOR: After this of be filed within 72 hours after death with I IMPORTANT: If Item 28 is marked, marked, 1 Natural 5 Pending Investigation М 1 YES 2 NO 84 2 Accident 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, atc. (Specify) 261, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER 1 To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and menner ea stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNEO (Month, Day, Year) 29c. LICENSE NUMBER BE 16-12-90 aves D39574 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) G. T. Davis, M.D. Memorial Hospital, S. Washington St. Easton MD 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE The state of

30 breeze Po,

Approximate

Interval Between Onset and Death



		1 - STATE REGISTRAR	OTALL OF INT	(ERTIF	ICATE OF	DEATH	WEIT IAL	REG. NO.		•	20000
	,	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE O	F DEATH DAY		3.	TIME OF DEATH
		EDWARD	HAROL	D		EAT	ON	Oct		1990	AR	:40 P. M
(D	1	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs.	last birthday)	IF UNDER t YEAR	IF UNDER 24 HRS.	7. DATE O		6. 8	SIRTHPLA	CE (State or Foreign
	/	517-22-0780	1 M 2 🗆 F	88	YRS.	MONTHS DAYS	HOURS MIN.		09-19			ngton, DC
of S		9a. FACILITY NAME (If not institution, give at	reet and number)			96. CITY, TOWN	OR LOCATION OF DE	<u> </u>		9c. COUNTY		
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sees	Ä	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LOCA	TION	10d. IN				I. INSIDE CITY LIMITS?
permit. Pages	- 1											YES 2 X NO
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physician. burial-transit	ij l	General Deliv					20625			U.S.		
physician. burial-trar	FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT E FORCES? 1	YES 2	ARMED NO	If yes, s	CENDENT OF HISPAN pecify Cuban, Maxica	in, Puarto Ri	(Specify Year can, atc.)	or No— 14.	Black, W	Amarican Indian, hita, atc.
	ВУ	3 Wildowed 4 Divorced	IF YES, GIVE WAR	OR DATES		1 🗆 YE	S 2 X NO Specifi	y:		۱w	Specify:	e
or attending r use as the	ETED.	15. DECEDENT'S EDUC (Specify only highest grade		16a,	DECEDENT'S	USUAL OCCUPAT	ION lost of working	16b.	UND OF BUS	INESS/INDUST		
		Elamentary/Secondary (0-12)	College (1-4 or 5+)	1		work done during make retired.)		- }				
ed Spir	MP I	5th		N	<u>larit</u>	ime Ca	ptain		Seama	n		
the hos detach	COMPL	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA			Sumame)		
ad by	BE	Edward H. Eaton	1				Emma					
6 may be retained to ctor, page 5 should nust be notified	2	19a. INFORMANT'S NAME (Type/Print)					and Number or Rural					
ay be page 5		Juliette E. Foo	re	1 205 BLA			49A. Net	wbur		ATION City		
e 6 may ector, p		1 S Burial 2 Cremation 3 Rame 4 Donation 5 Other (Specify)	oval from State	other	r place)			-				
9 9 -		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	CILLI	LSL E	22 NAME A	al Ceme	CHITY		11111		<u> </u>
eath. funera		· M.t.	010	770		Are	hart Fu	nera		,		0616
n - 2 m		23. PART I. Enter the diseases, or o	complications that	The state of the	death Do		Box 5					U 0 4 0 Approximats
5 = . 9		shock, or heert feliure.	List only one cause	on eech i	ine.	not enter the in	oue or aying, suc	AI WE CEIG	ec or reepi	atory street	,	interval Batween
fille fon,		iMMEDIATE CAUSE (Final disease or condition	Ca	ad :	- 0	. <	Lank					Onsat end Dasth
ted within 2s completely fille ial, cremation, event, the		resulting in daeth)	DUE TO (O	R AS A CON	SEQUENCE O	OFF:	HOCK					
e = 0 ed	,	disease or condition resulting in deeth) s. Cardiagenic Shock DUE TO (OR AS A CONSEDUENCE OF): LCE DE CARDIAGO SATE										
	흔	Sequentielly list conditions, if smy, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.										
siciar prior trau	8											<u> </u>
death certificate attending physicate ental Hygiene pri	ᄩ											
ath certification all Hygies	H											
りる世界三		PART II. Other significent condition	s contributing to d	eath but no	ot resulting	in the underlyi	ng cause given in	Part i.	24a. WAS AN			RE AUTOPSY FINDINGS
that the ned by the lith and Many injury	DICAL								PERFOR		CO	AILABLE PRIOR TO MPLETION OF CAUSE
requires been signe of Healti	MED								1877	4		DEATH? YES 2 NO
w request.								_				
The law ate has be tate Dept.	🕺	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					PLACE OF DEATH (C/	heck only one)			
SICIAN: The la certificate has the State De t, or item 2	S	1 TES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER: 4 Nursing Ho	me 5 🗆 Rasidenca	6 🗆 Other	(Specify)			
HYSICI his cer with th	PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF IN (Month, Day,		26b. TI		NJURY AT YORK?	26d. DE\$	CRIBE HOW I	NJURY OCCUR	ED	
DING PHYS After this death with	BY	1 Natural 5 Pending Investigation					YES 2 NO					
TTENDIN TOR: Aff after de:	60	3 Suicide 6 Could not be	26a. PLACE OF building, at	INJURY — Att. (Specify)	t home, farm	, street, factory, off	lica	26f. LOCA City o	TION (Street a r Town, State)	and Number or	Rural Rout	e Number,
	Ē											
AL OR A AL DIRECTOR POURS 72 hours	COMPLET	(Oriotic Oriny	ICIAN: To the best of m									
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: IL	ő	2 MEDICAL EXAMINE	ER: On the basia of exa	mination and	Vor investigat	ion, in my opinion,	death occured at the	e time, deta	and place, an	d dua to the c	ause(a) ar	nd manner as stated.
HE HE HE MAN	BE (29b. SIGNATURE AND TITLE OF CERTIFIE	P	1			29c. LICENSE NU	IMBER				onth, Day, Year)
TO THE HOSPITAL TO THE FUNERAL be filed within 72 P	2	.0 -1		/			D-334			- 10	-6	- 90
		30. NAME AND ADDRESS OF PERSON WH			(II EM 27) (Tyr	*	O. BOX					
		B. LARRY JENKI 31. DATE FILED (Month, Day, Year)	12 REGISTRAR	'S SIGNATIO	NE.		LATA, MA	ARYL	ND	20646		
		OCT 0 9 '90	Lulia D	widow	Mondal	2						
	Щ	101174 90	June	-V I HADDE TO	11.00							

TO BE COME	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
or death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mours after death. Page 6 may be retained by the hosp
BALLIMONE, MANILAND	DIVISION OF VITAL RECORDS, F.C. BOX 13149,

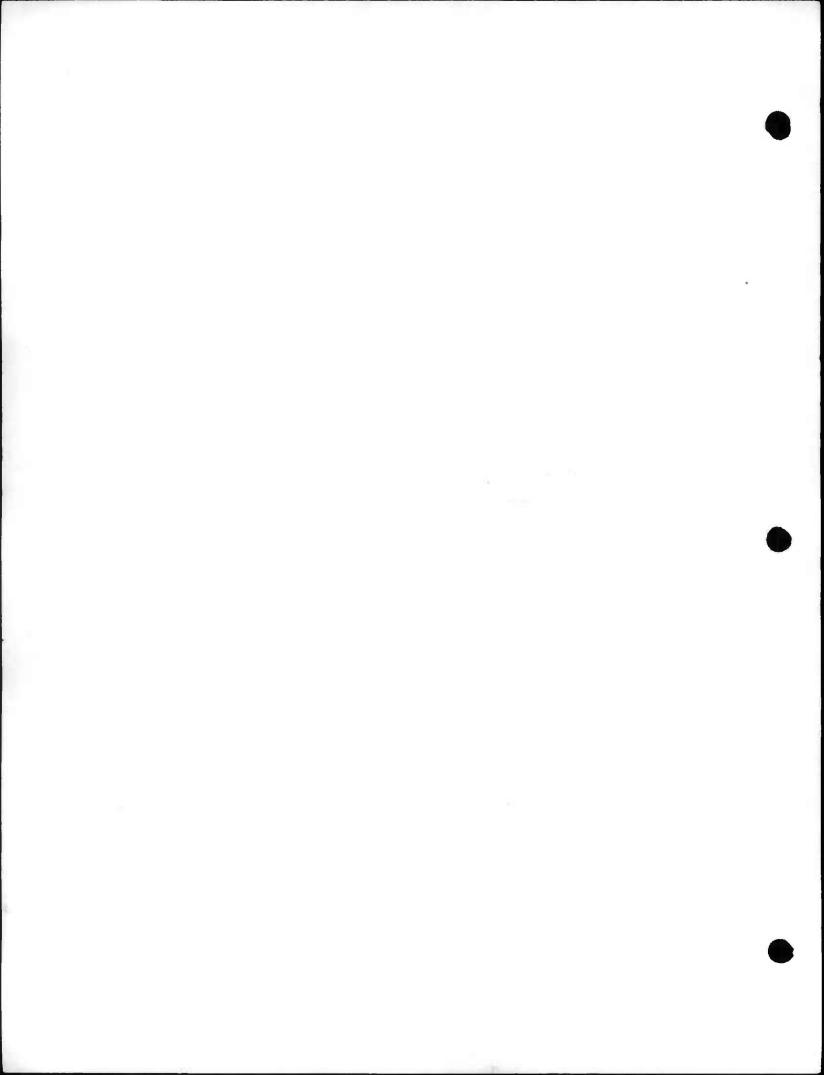
	FOR STATE REGISTRAR	STATE OF MARY		DEPART RTIFIC					MENTAL	HYGIEN REG. NO.	90	1-2	868	4
	1. DECEDENT'S NAME (First, Middle,								2. DATE O	F DEATH DA	Y	YEAR 3	. TIME OF DEAT	гн
		Espos ITO							lo	(90	12:27	Дм
	4. SOCIAL SECURITY NUMBER	4 \(\text{U} \) \(\text{V} \) \(\text{C} \)		yrs. (asl birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. WONTHS DAYS HOURS MIN.						F BIRTH Day, Year)		6. BIRTHPL Country)	LACE (State or Fo	oreign
	090-22-0021 9e. FACILITY NAME (If not institution,		61	1000	9b. CITY, TO	121 021	001710			OV 16, 1928 New York				
FUNERAL DIRECTOR	Shacy Grove Admending	ventist Hosp	ifal		Rockv	ille	LOCATIO	IN OF DEA	AIR		. 1	omer	5	
EC		COUNTY		10c. CITY,	TOWN OR L	OCATION	4					1	IOd. INSIDE CITY	,
DIE	Maryland Mor	ntgomery		Germ	antow	n						1	YES 2	NO
MAL	10e. STREET AND NUMBER					99.0	P CODE				10g. CITI2	EN OF WH	AT COUNTRY?	
Ä		ield Terrace #					874						tates	
	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER FORCES? 1 YE	S 2X N	MED IO	If yo	s, specif	y Cuban	, Mexican	, Puerto Ric	(Specify Yes	or No-	Black,	- American Indi White, atc.	0C,
ΒY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES		1 🗆	YES 2	V NO	Specify:				Specify:	White	
ED	15. DECEDENT'S (Specify only highest		16a. DE	CEDENT'S U	SUAL OCCU	PATION	of working	7	16b. I	CIND OF BU	SINESS/IND	JSTRY		
LEI	Elementery/Secondary (0-12)	College (1-4 or 5+)		ive kind of wo Do NOT use										
COMPLETED	12	<u> </u>	Но	memak	er				Но					
	17. FATHER'S NAME (First, Middle, La Alfred Whitena					- 1				ddle, Maiden	Sumame)			
BE	19a, INFORMANT'S NAME (Type/Print		198	b. MAILING A	DDRESS (St	_			CDOW		n. State. Zio	Code)		
5	Lawrence Esposi	ito											n,MD 20)874
	20a, METHOD OF DISPOSITION 1 N Buriel 2 Cremation 3	Removal from State		OF DISPOSIT							CATION —			
	4 Donetion 5 Dother (Specify	y)		of H	eaven					Si1	ver S	prin	g, MD	
	21. SIGNATURE OF FUNERAL SERV	DE LICENSEE			22. NAI	ME AND	ADDRES	S OF FAC	lO Ea	eVol	Funer er Pa	al H	ome rive d 20877	7
	23. PART I. Enter the disesse				t snter the	mode	of dyle						Approxim	ate
	shock, or hasn ta	illure. List only ons cause on	ssch line	N .									Onget sn	
	disease or condition resulting in desth)	Carr	Dio	Pul	mo	MO	VIL	1	3em	es	1			
		DUE TO (OR A	S A CONSEC	QUENCE OF)			1 .	1	-1-	1 _			17	- WS
NO	Seguentially list conditions,	b. HOUTE	2 1	HCO	1100	LC	N.	ep	antis				Zue	- 11/
CERTIFICATION	If any, lesding to immediate cause. Enter UNDERLYING	Ren	O I	JUENCE OF	mil	(-)	-0	V					lue	eV.
FIC	CAUSE (Disease or Injury that initiated events	C. OUE TO (OR A	S A CONSEC	QUENCE OF)									1	
H	resulting in death) LAST	d												
	PART II. Other significant con	nditions contributing to deati	h but not r	resulting in	the unde	rivina c	aliae o	lven in i	Part i	24a. WAS AN	AUTOPSY	24h 1	WERE AUTOPSY F	INDINGS
PHYSICIAN: MEDICAL		Alcohol		_		,				PERFO	RMED?	7	AVAILABLE PRIOR	TO
ED									_	1 YES	X NO		OF DEATH?	NO
2									-					107
SIAI	25. WAS CASE REFERRED TO MEDI EXAMINER?	HOSPITAL:				26. PLAC	E OF DI	EATH (Chi	ock only one)				
rsic	1 YES 2 NO	1 Nipetient 2 ER/O	outpatient 3		OTHER: 4 - Nursing	Home	5 🗆 Re	eldence	6 🗌 Other	(Specify)				
	27. MANNER OF DEATH 1 Netural 5 Pendin			26b. TIME INJU	RY	WORK	(7	NO	28d. DE\$0	CRIBE HOW	NJURY OC	CURED		
TED BY	2 Accident Investig 3 Suicide 6 Could a 4 Homicide datarmi	26e. PLACE OF INJU- building, etc. (S	JRY — At ho Specify)	At home, farm, atreet, factory, office 28f. LOC							OCATION (Street and Number or Rural Route Number, lity or Town, State)			
Success 6 Could not be determined building, etc. (Specify) 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred.									plece, end due to the cause(e) end manner as stated. occured at the time, date end place, end due to the cause(e) and manner as stated.					
E CC	29b. SIGNATURE AND TITLE OF CE			29c. LICENSE NUMBER 29d. DATE SIGNED										
TO BE	X even	TON WHO COMPLETED CAUSE OF	OFATH #TP	040110								9d. DATE SIGNED (Month, Day, Year)		

9711 Medical Center Dr. Suite #308 Rockville, MD 20850

32 REGISTRAN'S SIGNATURE
Juna Davidson Gandelle

Steven Farber M.D.

31. DATE FILED (Month, Day, Year) OCT 05 *90



	D 9		1. DECEDENT'S NAME (First,		TTD A ATIZ		100				2. DATE OF MONTH	DA	' 990	YEAR	3. TIME OF OEATH
7			JOANNE 4. SOCIAL SECURITY NUMBER	RUTH	FRANK 5. SEX	6. AGE (In yrs.	ant hirtholous	IF UNDER 1 Y	EAR	IF UNDER 24 HRS.	OCT.			DIOTH	7:40 A. M
	2		527-62-6712		1 M 2 TF	44			_	HOURS MIN.	(Month, D	71946		Country	York
	1.5	1 MAC	9a. FACILITY NAME (If not in					9b. CITY, TO	OWN OF	R LOCATION OF DE		, 1540	9c. COUNT		
	ss 1, 2, 3 shou Franci	СТОВ	9709 Eldwic					P	oto	mac			Mo	ntgo	mery
	Fr F	EC	10e. STATE	10b. COUNT	Υ		10c. CITY, TOWN OR LOCATION							Т	10d. INSIDE CITY LIMITS?
	-: ·	DIRE	Maryland	Mont	gomery		Po	tomac						1 YES 2 NO	
	M. E.	¥	10e. STREET AND NUMBER						ZIP CODE					HAT COUNTRY?	
au.	ransit	FUNERAL	9709 Eldwic	k Way					<u> </u>	20854			U.S		
6 hysici	urial-tr.	F	11. MARITAL STATUS 1 Naver Merried 2 🔀	Married		YES 2 X		If y	es, spec	ENDENT OF HISPAN city Cuban, Mexica	n, Puerto Rica		or No-	Black	- American Indian, White, etc.
LAND 21203-314 by the hospital or attending plus detached for use as the branch of 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus and 10 per plus	ag p	BY	3 Widowed 4 Olvo	rced	IF YES, GIVE V	WAR ON DATES		1 1] YES	2 ☑ NO Specify	<i>f</i> :			Specif	White
	ar.	COMPLETED	15. OEC (Specify only		16a. 1	DECEDENT'S	S USUAL OCCU work done duri	JPATION	N t of working			INESS/INDU	_		
	le le		Elementary/Secondary (0	College (1-4 or 5	*)					1		enera ting (20	
	tached	MP	17. FATHER'S NAME (First, M	liddle I set)	5+	R	esear	cher		18. MOTHER'S NA	_			OLLI	Ce
	at or	E C		Cohen						Jen			stein		
RY lined t	fled	· ·	19a. INFORMANT'S NAME (7			. 1	19b. MAJLJN	G ADDRESS (S	treet an	nd Number or Rural I					
MA be reta	age 5 should be notified	2	Steven Fran	ıkel	(husband)		9709	Eldwic	k W	lay, Poto	omac,	MD :	20854		
IMORE, Page 6 may t	funeral director, page xaminer must be		20a. METHOD OF DISCOSITE 1 ☑ Burial 2 ☐ Compatie 4 ☐ Constion 5 ☑ Other	n 3 A Ren	novel from State	other	place)	Sarden (Name		etery, crematory or			cation – c		
Page	ner a		21. SIGNATURE OF THE STA		CHARLE	1 ,		22. NA	ME AND	D ADDRESS OF FA		_			· - · · · ·
BALTIMORE, after death. Page 6 may 1	e = e		· Da	ry ,	5.1-	him		117	0 R	Rockville	e Pike	, Roc	ckvil.	1e,	els, Inc. MD 20852
24 mol	completely filled in by the frial, cremation, or removal. c event, the medical ex														Approximate interval Between Onset and Death
OX 13	ending physician and c I Hyglene prior to buria or other traumatic	CERTIFICATION	Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- thet initiated events resulting in death) LAS	diate iNG ury	b. Breast Cancer & Metastasis to Lu DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.						ng & L	iver			
	Ment Ment njury		PART II. Other significa	nt conditio	ns contributing to	death but no	t resulting	in the unde	erlying	cause given in	Part i. 2	24a. WAS AN AUTOPSY PERFORMED?		24b.	WERE AUTOPSY FINDINGS
RECORDS v requires that the	icate has been signed by the att State Dept, of Health and Menta Item 23 shows any Injury,	MEDICAL									_ 1	YES 2			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
aw.	certificate has been the State Dept. of 1, or Item 23 sho	SICIAN:	25. WAS CASE REFERRED T	O MEDICAL	T		-		26. PL	ACE OF OEATH (Ch	eck only one)				
VITAL	State State	SIC	EXAMINER? 1 X YES 2 NO		HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHER:	g Home	5 Residence	a 🗆 Other (S	Specify)			
O E	his	РНҮ	27. MANNER OF DEATH	Pending	28a. OATE Of (Month, E	F INJURY Day, Year)	28b. TI	JURY	Bc. INJU WOI		28d. DESCR	RIBE HOW I	NJURY OCC	UREO	
DIVISION OR ATTENDING I	DIRECTOR: After thours after death them 28 is mar	TED BY	2 Accident 3 Sulcide 8 4 Homicide	Investigation Could not be determined	26a. PLACE (building	OF INJURY — At, etc. (Specify)	home, ferm					ION (Street a Town, State)		or Rural F	Oute Number,
DIV	₹2 =	MPLE	(Orieck Orny		SICIAN: To the best of) and manner as stated.
置	TO THE FUNER be filed within IMPORTANT:	O BE CO	29b. SIGNATURE AND TITLE	of CERTIFIE	The w	W.				D 219	MBER 710				(Month, Day, Year)
-	1	ĭ	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)												
	12		Peter B. S					ians L	ane	, #253 I	Rockvi	.11e,	MD	2085	0
			31. OATE FILEO (Month, Day,		32 REGISTR	AR'S SIGNATUR	and a 00								

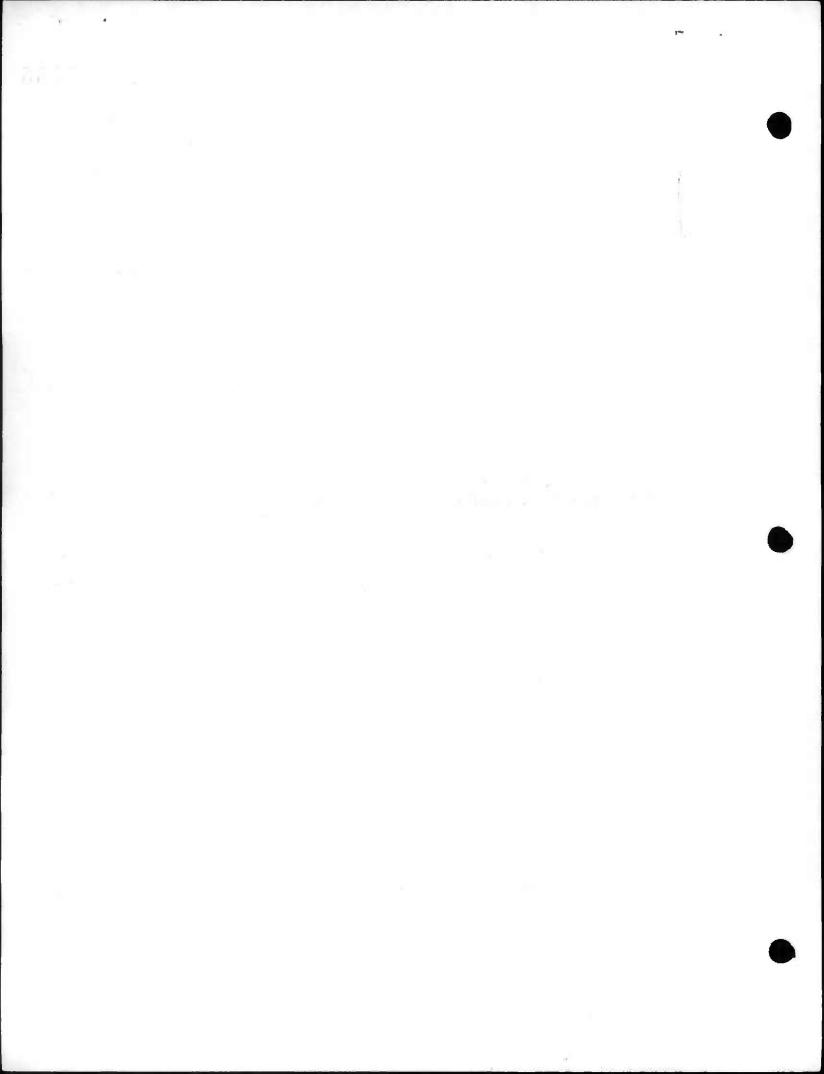
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6, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-rous after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit in the filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
1314	executed	and cor	matic e
BOX	ficate be	physician ne prior 1	er trau
P.O.	ath certif	tal Hygier	, or oth
DS,	at the de-	by the a	y injury
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	quires the	n signed f Health	nows an
LR	aw re	Dept. o	23 sh
/ITA	AN: The	State	r item
OF	HYSICI	this cert with the	ked, o
NO	DING P	After death	s mar
VISI	ATTEN	RECTOR:	m 28
۵	TAL OF	RAL DIF	If Ite
	HOSP	FUNE	TANT
	THE	TO THE	IMPOF

Pages

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH CESAR FARAH 10:30 P Sept. 1990 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs, last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign DAYS HOURS 473-28-5546 1 € M 2 □ F YAS. Mar. 18 1917 Egypt 9e. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH Retirement Center DIRECTOR Chevy Chase Montgomery :20e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Washington, D.C. YES 2 NO FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? U.S.A. 20037 2500 Virginia Avenue, N.W. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indien, Black, White, atc. 1 Never Merried 2 Merried
3 Widowed 4 Divorced If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: Specify: White BY WW II 16e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest g (Give kind of work done life. Do NOT use retired.) Elamentary/Secondary (0-12) College (1-4 or 5+) Federal Government Chief Accountant 8 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Marie Fakak Habib Farah BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 2500 Virginia Ave, NW, Washington, D.C. 20037 Winifred T. Farah 20a. METHOD OF DISPOSITION
1 □ Burlel 2 □ Cremetion 3 □ Removal from State 20b. PLACE OF DISPOSITION (Name of cematery, crematory or 20c. LOCATION — City or Town, State Alexandria, VA Comfort Crematory 4 ☐ Donetion 5 ☐ Other (Specify) _ Mt. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Joseph Gawler's Sons, Inc. 5130 Wisconsin Ave, NW, Washington, D.C. 20016 23. PART i. Enter the dieceses, or complications that caused the deeth. Do not enter the mode of dying, such ee cerdiec or respiratory arrest, shock, or heart fellure. Liet only one cause on each line. Onset and Death **IMMEDIATE CAUSE (Final** disease or condition___ e. MYOCARDIAL IN FARCTION
OUE TO (OR AS A CONSEQUENCE OF): MMED. reaulting in death) YRS. SUPRA NUCLEAR PALSY CERTIFICATION Sequentially list conditions, if any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF) . Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Pert i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? PHYSICIAN: MEDICAL INFLUENZA 1 TES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA me 6 🗆 Reeldence 6 🗆 Other (Specify) 27, MANNER OF BEATH 26e. DATE OF INJURY 28b. TIME OF 26c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending 1 YES 2 NO BY Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined 4 Homicide COMPLET 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) 8 190 128 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Kevin G. Nealon, M.D., 916-19th St., NW, Washington, D.C. 20006 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE who Davidson Randoll



TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	SIAIE UF I		DEPAR					MENIA	REG. NO.	E		
1. DECEDENT'S NAME (First, Middle, Last)			19					2. DATE	OF DEATH			3. TIME OF DEATH
	Will:	iam Do	rsev	For	ster	. Sr	^ _	Sep			90	6:40 a M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.			ER 1 YEAR	IF UNDER		7. DATE	OF BIRTH		6. BIRTHPI	LACE (State or Foreign
212-16-7070	1 🔀 M 2 🗆 F	101	YRS.	MONTHS	DAYS	HOURS	MIN.		/15/8	9	Country)	. Co., MD
9a. FACILITY NAME (If not institution, give st	41	101		9b. CIT	Y, TOWN O	R LOCATIO	ON OF DE		/13/0		ITY OF DE	
Meridian Nursing	HOmo C	orcia	uilla		C	entreville Queen						Annala
RESIDENCE OF DECEDENT	none, a	DISICa	UTITIS			enci	evi	тте		Que	en F	anne s
10a. STATE 10b. COUNTY	r		10c. CIT	Y, TOWN	OR LOCAT	ION					1	10d. INSIDE CITY LIMITS?
Maryland Qu	ieen Ani	ne's	Ce	ent:	revi	lle						1 X YES 2 NO
10e. STREET AND NUMBER					101.	ZIP CODE				10g. CITI	ZEN OF WH	IAT COUNTRY?
307 Libert	y Stree	et				21	1617	7		Ü	J.S.A	A .
11. MARITAL STATUS	12. WAS DECEDED		ARMED 100	13					17 (Specify Yes Rican, atc.)	or No—	14. RACE - Black.	- American Indian, White, etc.
1 Never Married 2 Married 3 Widowed 4 Divorced		MAR OR DATES	3/10			2 X NO			mount, and,		Specify.	:
	<u> </u>											White
15. DECEDENT'S EDU- (Specify only highest grade		16a.	Give kind of	work don	e during mo		g	166	, KINO OF BUS	INESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	ilie. Do NOT u		,							
/			Fari	ner			_		Agri		ure	
17. FATHER'S NAME (First, Middle, Last)								TT:	Middle, Melden			
William D. Fo	ster	-							Clou		·. ·	
19a. INFORMANT'S NAME (Type/Print)					Property and a				ber, City or Town			
Pearl Powell								Cent	revil			21617
20a, METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Rem	oval from State	other	place)						2.01		City or Tow	
4 Donation 5 Other (Specify)		Woo	dlawı						Eas	ton,	Ta.	lbot, MD.
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE				POM				Fune	ral	Home	es, PA
1 Suman K. H	Menken				Chur					623	1101110	,
23. PART I. Enter the diseases, or a	omplications the	at caused the	death. Do	_							rest,	Approximate
ahock, or heart fallure.	List only one ca	use on each l	ine.					-				Interval Between Onset and Death
iMMEDIATE CAUSE (Final disease or condition				α	50	1)	λ					3.4 /
resulting in death)	aDUE TO	OR AS A CON	SEQUENCE O				~					Jylo F
_				(10)								V
Sequentially list conditions,	b. DUE TO	OR AS A CON	SEQUENCE O	F):								+
If any, leading to immediate cause. Enter UNDERLYING												
CAUSE (Disease or Injury that initiated events	DUE TO	OR AS A CON	SEQUENCE O	F):								
resulting in death) LAST	d											
	u											
PART II. Other algnificant condition	a contributing to	death but no	ot resulting	in the	underlyin	g cause (given in	Part I.	24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
									1 - YES 2	NO		COMPLETION DF CAUSE DF DEATH?
									/	•		1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?						LACE OF 0	EATH (C/	neck only o	ne)			
1 YES 2 NO	HOSPITAL:	☐ ER/Outpetient	3 🗆 DOA	OTH	ER: lursing Horr	10 5 🗆 Re	esidence	a 🗆 Oth	er (Specify)			
27. MANNER OF DEATH	26s. DATE O	F INJURY Day, Year)	28b, Till	AE OF JURY		URY AT		28d. DE	SCRIBE HOW I	NJURY OC	CURED	
1 Natural 5 Pending	(MORIT,	Day, rowy	3.17	M		YES 2	NO					2
2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE	OF INJURY — A	home, farm,	street, fr	actory, offic	10			CATION (Street		or Rural Ac	oute Number,
4 Homicide determined	building	, etc. (Specify)						City	or Town, State)			
29a. CERTIFIER	IOIAN To the head	4 1 1 - 1	distance of	. 4 -4 44				to the same			4-4	
(Check only one) 2 MEDICAL EXAMINE	ICIAN: To the best of											and manner on stellard
		examini entori entor	or mittaligate	OII, WI WI	у ориноп, с				a and place, at			
296. SIGNATURE AND TITLE OF CERTIFIE	"R A	C	1	,			ense nu				E SIGNED	(Month, Day, Year)
Nun	1 /4	ned	1	/		D1	234	5				
30. NAME AND ADDRESS OF PERSON WI												
Dr. John R) B:	road	way,	Ce	ntr	<u>evill</u>	e, M	ID 2	21617
31. DATE FILED (Month, Day, Year)	32. REGISTR	AR'S SIGNATUR	E									

POT - 7 '90

Lulia Savidson-Randoll

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

TO BE COME	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notiffed at once.
al,	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
ne funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
r death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 and a ster death. Page 6 may be retained by the hosp

31. DATE FILED (Month, Day, Year)
OCT 9 1990

	FOR 1 - STATE REGISTRAR	STATE OF M		/ DEPAR					MENT	AL HYGIEN REG. NO.	E 9	0 2	8688
1	1. DECEDENT'S NAME (First, Middle, Last)	trans	o Or							te of death da	1990	YEAR	ME OF DEATH
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (M yrs. I	ast birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DAT	E OF BIRTH		BIRTHPLAC	E (State or Foreign
- 2	353-18-5337	1 🔲 M 2 🗌 F	64	YRS.	MONTHS	DAYS	HOURS	MIN.	M a	v 19,1	926	Misso	uri
	9a. FACILITY NAME (If not institution, give st	reet end number)	04		9b. CITY	TOWN 0	R LOCATI	ON OF DE	_	y 1091		Y OF DEATH	7411
Œ			α								A	e Aru	nd al
일	Anne Arundel M	ledical	Cente	r		Ann	apo	<u> 118</u>			Ann	e Art	inder
입	10e. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN C	R LOCAT	ION					10d.	INSIDE CITY LIMITS?
DIRECTOR	Maryland Anne	Arund	el	A	nnaı	i Loc	9						YES 2 XONO
	10e. STREET AND NUMBER	J I WILL	<u> </u>		1111111		ZIP COD	E		-	10g. CITIZI	EN OF WHAT	COUNTRY?
FUNERAL	517 Tayman Dri	WA					2.1	403			и.	S.A.	
Ž	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. /	ARMED	13.	WAS DEC			NIC ORIG	GIN? (Specify Yea			merican Indian, te, etc.
	1 Never Merried 2 Merried	FORCES? 1	YES 2	NO				n, Mexica Specifi		to Ricen, etc.)		Black, Whit Specify:	le, etc.
B⊀	3 Widowed 4 Divorced	1943	- 197	1			L LANGE	Opcon	,.			Whit	z e
ED	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a, [DECEDENT'S	USUAL O	CCUPATIO	ON of works	200	1	ISb. KIND OF BUS	SINESS/INDU	STRY	
H.	Elementary/Secondary (0-12)	College (1-4 or 5		lie. Do NOT u	se retired.)	during inc	ot of works	19					
J. J.	12		M	ail	Carı	rier	•			U.S. F	osta	l Sei	rvice
COMPL	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (Firs	st, Middle, Malden	Sumame)		- "
اسا	Gustav H. Fran	1Z					В	lan	che	Fulle	r		
0 8	19s. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	Street a	nd Numbe	r or Rural I	Route No	umber, City or Tow	n, State, Zip (Code)	
	Mary E. Franz			517	Tay	mar	Dr	ive	. A	nnapol	is,	MD 2]	403
	20a_METHOO OF DISPOSITION 1			E OF DISPO	SITION (No	me of cer	netery, crea	matory or		20c. LO	CATION — C	ity or Town, S	tate
1	4 Donating 5 D Other (Secily)	- //		place)	d V	ter	ans	Cel	met	erv (rown	svill	e. MD
	21. SIGNATURE OF FUNERAL SERVICE LIG	NASEE /	//		22.	NAME AP	ID ADDRE	SS OF FA	CILITY				
1	* Vellen X	Tank	es							Chape		214	
1		1000	/	d D						St.,			
	23. PART I. Enter the diseases, proceedings, principles.	List prily one car	use on each li	ne.	not enter	the mo	de ot dy	ing, suc	n as c	erdiac Dr reap	retory arre	st,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel	-	2406-0	0110		m /			11	011+			Onset and Death
	disease or condition reaulting in deeth)	0	2 v C G O I			av	, ,	(((la	eni			(weeg
		DUE TO	OR AS A CONS	SEQUENCE C	NF):							i	
N N	Sequentielly ilst conditions,	b	OR AS A CONS	EOHENCE C	MES.								
Ă	If eny, leeding to immediate ceuse. Enter UNDERLYING	DUE 10	(Un AS A CONS	REGUENCE C	r j.							į	
2	CAUSE (Disease or Injury	c. DUE TO	OR AS A CONS	SEQUENCE O	PF):							-	
Ē	that initiated eventa reaulting in death) LAST											1	
CERTIFICATION		d											
ايا	PART ii. Other algnificant condition	e contributing to	deeth but no	t resulting	in the ur	nderlyin	g cause	given in	Part 1.	24a. WAS AN		40.00	E AUTOPSY FINDINGS LABLE PRIOR TO
MEDICA										1 TES 2	\	COM	PLETION OF CAUSE
											0		YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PI	LACE OF I	DEATH (Ch	heck only	r one)			
25	EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHE!		e 5 ∏ 8	lesidence	s □ 0	ther (Specify)			
Ě	27. MANNER OF DEATH	28a. DATE O	F INJURY	28b. TII	WE OF	28c. IN.	URY AT		·	DESCRIBE HOW	NJURY OCC	URED	
	1 Natural 5 Pending Investigation	(Month, I	Day, Year)	IN	JURY M		YES 2	□ NO					
ВУ	2 Accident Investigation 3 Suicide 6 Could not be		OF INJURY — At	home, farm,	street, fac	tory, offic	:0			OCATION (Street		or Rural Route	Number,
밀	4 Homicide determined	building	, etc. (Specify)						, '	City or Town, State;			
LET	29e. CERTIFIER , CERTIFYING PHYS	CIAN: To the best o	d my knowledge	death ass	and at the	time de-	and nice	a and do	a to th-	causala) and ma	nner en etct-	d	
COMPL	(Check only one) 2 MEDICAL EXAMINE												menner se stated.
8		_		Jerryen	and an imp	- January 6				piace, ei			
BE	296. SIGNATURE AND TITLE OF CERTIFIE	Valan	1110	, ,			29c. LIC	CENSE NU	MBER 20		29d. DATE	SIGNED (Mon	sh, Day, Year)
0	Hum (.	pecol	un,	46			0	41	28		/	7014	U
F	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAL	JSE OF DEATH (I	TEM 27) (Typ	e, Print)								

Ma. 21401

E. Selouich, uo

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a state death. Page 6 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page he find within 72 hours after death with the State Dect. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be
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2	23	3 2

		FOR 1 - STATE	STATE OF N	MARYLAND /		TMENT							30	28689
Г	1	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CE	-NIII	ICATE	UF	DEAI	П	2. DATE OF	EG. NO.			3. TIME OF OEATH
	1	1. DECEDENT'S NAME (FIRST, MIOURI, LEST)								MONTH	DAY	Y	YEAR	110.100.00E
		Harry	В.				ling			10	/		90	11:00 A M
-	1	the same care and the property of	5. SEX	6. AGE (In yrs. les		IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF E (Month, Da	y, Year)		Country)	
	į	214-05-0710	1 □ XM 2 □ F	89	YRS.					Feb.	13,	1901	Mar	yland
M	1	9s. FACILITY NAME (If not institution, give stre	et and number)			9b. CITY	, TOWN OF	R LOCATIO	ON OF DE	EATH		9c. COUN	TY OF DE	ATH
н	5	305 Melvin Avenu	16				An	napo	lis		- 1	Anne	eArur	ndel
	DIRECTOR	RESIDENCE OF DECEDENT							110	•		THE		
		10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN (OR LOCATI	ON					- 12	10d. INSIDE CITY LIMITS?
	ā	Maryland Ann	e Arun	del	A	nna	poli	S						YES 2 NO
	4	10e. STREET AND NUMBER					10f.	ZIP CODE	E			10g. CITIZ	ZEN OF WH	IAT COUNTRY?
	FUNERAL	305 Melvin Av	enue					21	401	b.			U.S	.A.
	5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED			NDENT O	F HISPAN	VIC ORIGIN? (S		or No-	14. RACE -	- American Indian, White, atc.
	- 11	1 Never Msrried 2 Married	IF YES, GIVE V	YES 2 X	10		If yea, spe 1 ☐ YES			n, Pusrto Rice y:	n, etc.)		Specify	
i	B	3 Widowed 4 Divorced											Whi	te
- 1	ETED	15, OECEDENT'S EDUCA (Specify only highest grade of		16s. DE	CEDENT'S	USUAL O	CCUPATIO	N t of workin	10	16b. KIN	O OF BUS	INESS/IND	USTRY	
-1	<u> </u>	Elsmentery/Secondary (0-12)	Collegs (1-4 or 5	life	Do NOT u	se retired.)			•	- 1				
nt .	린	7			Sal	esm	an			Н	ardy	vare	Sto	re
Duce	COMPL	17. FATHER'S NAME (First, Middle, Last)						16. MOTI	HER'S NA	ME (First, Midd	le, Maiden	Surname)		
75	BE	John L. Stalli	ngs					Ma	rga	ret A	nn V	Vell.	S	
fled		19s. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street ar			Route Number,				
10	임	Margaret Feese	m = 5=		307	Me	lvin	Av	enu	e. An	napo	olis	. MD	21401
B	ŀ	20a. METHOD OF DISPOSITION		20b. PLACE	OF DISPO						_		City or Tow	
In In		1 Donation 5 Other (Society)	val from Stats	other pl		lit	an C	ram	ato	rw	AR	van	dria	, VA
Je .		21. SIGNATURE OF FUNERUAL SERVICE LICE	MEEE /	19:00	OPU	22.	NAME AN	D ADDRE	SS OF FA	CILITY			dila	3 724
examiner must be notified at once.		· Valled V	Tre	Van		T	aylo	rF	une	ral C	hape	el	2	1401
H ex		yerreg. D.	/cey	coi		1	47 G	lou	ces	ter S	ting	nna	poli	
the medical		23. PARTI I. Enter the diseases, or co shock, or heart failure. L	int privious car	it caused tha de	eath. Do	not antai	tha mod	da of dy	Ing, auc	h as cardiac	Dr reapl	ratory arr	est,	Approximata interval Between
Ĕ		IMMEDIATE CAUSE (Final	, 9.0 00.											Onset and Daath
Ĕ.		disease or condition resulting in death)	Contac	t gunsho	ot wo	ound	of h	ead				(han	dgun)	
Vent		Todating in duality		(OR AS A CONSE										
other traumatic event,	z	C 6												
E	CERTIFICATION	Sequentially list conditions, If any, leading to immediate		(OR AS A CONSE	QUENCE C	F):								
ta	8	cause. Enter UNDERLYING												
je	Ĕ	CAUSE (Disease or Injury that initiated events		(OR AS A CONSE	QUENCE C	P):								
0 70	F	resulting in death) LAST												
	2				4-4					I .				T
shows any injury,	4	PART II. Other algnificant conditions	contributing to	dastn but not	resulting	in the u	naariying	cause	given in	Part I. 24	a. WAS AN PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
amy	EDICAL									2	YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
OWS	ME										770 0	NATE 3.7		TY YES 2 NO
3 24										HI	EAD C	MLX		
m 23	SICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	DEATH (C	heck only one)				
T Item	S	EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpetient 3	3 🗆 DOA	4 Nu		5 X R	esidencs	6 Other (S	pecify)			
9	PHY	27. MANNER OF DEATH	26a. DATE O		26b. TII		28c. INJ			26d. OEŞCR	IBE HOW I	NJURY OC	CURED	
marked,		1 Natural 5 Pending		7/90	1	JURY M	1 🗆 1	RK? /ES 2 [VNO	Self	inf1	icte	d	
E S	BY	2 Accident Investigation 3 Suicide 6 Could not be	26s. PLACE	OF INJURY — At h	oms, fsrm,	atreet, fac	tory, office			28f. LOCATION	ON (Street :	and Number		oute Number,
28		4 Homicide determined		, atc. (Specify) MC							lown, State) N⊝] 171		⇔ Δ'r	nnapolis, M
Item	9	29s. CERTIFIER					M 1:							HIGHOTTO, I
=	MP	(Check only		- TILL										and manner or stated
Ä	COMI	2 MEDICAL EXAMINER	. On the Desis of	Administration and/or	investigat	ion, in my	opinion, d	earn occu	nao at the	ums, dats sn	u prace, sn	io dua to ti	10 C3US0(S)	and menner as stated.
IMPORTANT:	ш	286. MENATURE AND TITLE OF CENTIFIED	V					29c. LIC	ENSE NU	IMBER			E SIGNED	(Month, Day, Year)
M	OB	(V X	\sim						OCME	Ξ			10/	/8/90
-1	ĔΙ	I'M NAME AND ADDRESS OF PERSON WHO	COMPLETED CAL	ICE OF DEATH /ITE	M 27) (Tr	n Delecti								

NO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

- Deputy Chief

Dixon,

31. DATE FILED (Month, Day, Year)

OCT 9 1990

Ann M.

M.D.

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111 Penn St., Balto., MD

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TO BE COMPLETED BY FUNERAL DIRECTOR

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DIVISION OF VITAL RECORDS, P.O. BOX 13146	on experiment of the properties that have the death and flower he available until of house
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE	OF DEATH	DAY	YEAR	3. TIME OF DEATH
A G	NES	FRANKLI	N						10	6	1990		M
4. SOCIAL SECURITY NUMB	ER	5. SEX		rs. last birthday)	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE (Mont)	OF BIRTH		Count	IPLACE (State or Foreign y)
213-14-95	083	1 □ M 2xxF		7.5 YRS.	MONTHS	DATS	HOURS	Mary.	7	1, Day, Year) 25	1915	MA	ÄRYŁAND
9e. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY	Y, TOWN	OR LOCATI	ON OF DE	ATH		9c. COU	INTY OF D	EATH
25 LINCOI		RKWAY			ANN	APO	LIS				ANN	E AI	RUNDEL
10e. STATE	10b. COUNTY	1		10c. CIT	, TOWN	OR LOCA	TION						10d. INSIDE CITY LIMITS?
MARYLAND	ANN	E ARUND	EL	AN	NAP	OLI	S						1 YES 2 NO
10e. STREET AND NUMBER						10	f. ZIP COD	E			10g. CIT	IZEN OF V	WHAT COUNTRY?
25 LINCON	I PAR	KWAY					2140	1			υ.	S.A	
11. MARITAL STATUS		12. WAS DECEDER	IT EVER IN U	S-ARMED						Y? (Specify)	es or No-	14. RAC	E — American Indien,
1 Never Married 2		FORCES?				If yes, sp	pecify Cube	m, Mexica Specifi	in, Puerto	Rican, atc.)		Spec	k, White, etc.
3 X Widowed 4 Divo	rced							-,	,			[]	BLACK
15. DEC	EDENT'S EDU y highest grade	CATION completed)	1	6e. DECEDENT'S	USUAL C	OCCUPATI	ION	na	168	. KIND OF B	USINESS/IN	OUSTRY	
Elementary/Secondary (0	- T	College (1-4 or 5	+)	(Give kind of wilder DOME	STI	C	ost of works	·¥					
17. FATHER'S NAME (First, M	liddle, Last)						18, MOT	HER'S NA	ME (First	Middle, Maide	en Surname)		
BENJAMIN	C-10 -41	OWN					-			CAYLO			
19a, INFORMANT'S NAME (7		0 11 11		19b. MAILING	ADDRES	S (Street						ip Code)	
WALTER BA													. 21401
20a. METHOD OF DISPOSIT Suriel 2 Cremello Donation 5 Other	ION on 3 - Rem	ovel from State		PLACE OF DISPOS other place) MOSES			-	natory or		20c. I	DRIIR		MARYLAND
21. SIGNATURE OF FUNERA				TOOLO	22	, NAME A	ND ADORE	SS OF FA	CILITY S	321 h			
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 821 WEST ST ANNAPOLIS REESE & SONS MORTUARY, P.A.													
23. PART I. Enter the d	isesses, or	complications th	at ceused t	tha death. Do i		_			_				Approximate
		List only one ce	uee on eac	h lina.		-	-1						Interval Between Onset and Death
IMMEDIATE CAUSE (Finding disease or condition	nai	111	Miti	To			1.	11.1					740
resulting in death)	→	a. OUE TO	144	ONSEQUENCE	~	T	VIIV	19					<i>U</i>
		m Ai	MAG	1	r).	(MA	-					i
Sequentieily list condit		b. DUE TO	OR AS A	ONSEQUENCE O	Fla		1	1					
if any, leading to imme cause. Enter UNDERLY		Cena	LAI	Dand.	100	M	1	101	1.	1	MAN	1	Wall
CAUSE (Disesse or Inju		c. DUE TO	OR AS A C	ONSEQUENCE O	Pi:) • IV	<u> </u>) ()	1.1.	101-2	1	1001
that initiated events resulting in death) LAS	т			A-200									V
		d											
PART II. Other significa	ant condition	ns contributing t	daath bu	not resulting	In the u	ındariyi	ng cause	given In	Part I.		AN AUTOPSY	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
											2 NO	·	COMPLETION OF CAUSE OF DEATH?
													1 TES 2 NO
							-						100
25. WAS CASE REFERRED	O MEDICAL			1		28. 1	PLACE OF	DEATH (C	heck only o	nne)			
EXAMINER?		HOSPITAL:	☐ ER/Outpat	tlent 3 🗆 DOA	OTHE		me 5 🗗 R	esidence	a 🗆 Oth	er (Specify)			
27. MANNER OF DEATH		28a. DATE C	F INJURY	28b. TIR	E OF	28c. IN	JURY AT			SCRIBE HO	W INJURY O	CCUREO	
	Pending Investigation	(Month,	Day, Year)	IN.	JURY M		YES 2	NO					
2 Accident 3 Suicide	Could not be	28e. PLACE	OF INJURY -	- At home, farm,	street, fe	ctory, off	ice					er or Rural	Route Number,
4 Homicide	determined	building	, etc. (Specifi	y)					City	y or Town, St	110)		
290. CERTIFIER	TIEVING BUY	ICIAN: To the best	d en la suda	de- d-oth coo-			tdl	- 224 4.	. In the co				
(Check only													(e) end manner as stated.
29b. SIGNATURE AND/TITU	E OF CERTIFIE	B /					29c. L I	ENSE NU	IMBER		29d. D	KTE SIGNE	Dir/Misreth, Dwy. Year)
1/40	Lann	1 / 11/	21	m)))	711	VQ		>	10	16/60
30. NAME AND ADDRESS O	F PERSON W	HO COMPLETED CA	USE OF DEA	FH-(FFEM, 27) (Type	, Print)	, ,	0	111	00	0	/	1001	ent. MA
· fli	CHOI	ID C	2661	AN	6	00	/11/	MIL	Ц	GW	. /4	11/6/	2/41)
OCT LED GOILES	O" gun	a wastassia	Montar	RE				U	J				

3. TIME OF DEATH

6. BIRTHPLACE (State or Foreign

11:595

2. DATE OF DEATH

7. DATE OF BIRTH

MONTH 1 1 / 0 CPM 9 0

4. SOCIAL SECURITY NUMBER

IF UNDER 1 YEAR

IF UNDER 24 HRS.

Fisher

6. AGE (In yrs. last birthday)

Elaine

5. SEX

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he law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	e Depti, of Health and Mental Hygiene prior to bunal, cremation, or removal.	And the second second second second second second second second second second second second second second

BALTIMORE, MARYLAND 21203-3146

OF VITAL RECORDS, P.O. BOX 13146,

DIVISION

05/14/43 206-32-0309 47 9e. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 334 Beuna Vista Avenue Arnold Anne Arundel DIRECTOR RESIDENCE OF DECEDEN HE ALTO TOWN OR LOCATION 106. CANNE Arundel 10d. INSIDE CITY LIMITS? 10e. STATE 1 🗌 YES 2 🕷 NO FUNERAL 100. STREET AND NUMBER Vista Avenue 101. ZIP CODE 21012 10g. CHIZEMOF WHAT COUNTRY? 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-12. WAS DECEDENT EVER IN U.S. ARMED RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 2 NO 1 Never Merried 2 Merried 1 TES 2 NO Specify: Specify: White BY 3 Widowed 4 Divorced ETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementery/Secondary (0-12) College (1-4 or 5+) Secretary/Draftsperson Architechtural Firm COMPL 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname, George L. Viguers, Sr. Blanche C. Deal **BE** 19e. INFORMANT'S NAME (Type/Print) 19b. MARLING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 334 Buena Vista Avenue Arnold 21146 Mr. Larry G. Fisher 90 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State
Davidsonville, MD 20e. METHOD OF DISPOSITION

1 Buriel 2 Cremation 3 Removal from State 1 Buriel 2 Cremanon 4 Donation 5 Other (Specify) Lakemount 495 Ritchie Hwy. 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Barranco Funeral Home Severna Park MD 21146 23. PART I. Enter the diseases, or complications that caus d the death. Do not enter the mode of dying, such as cardiac or reapiretory arrest, Approximate ahock, or heart failure. List only one cause on each line. Intarvai Batween Onset and Daath **IMMEDIATE CAUSE (Final** disease or condition 2 reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): ON Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate CERTIFICAT cause. Enter UNDERLYING CAUSE (Disease Dr injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 5 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIDE TO COMPLETION OF CAUSE any 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Item certificate OTHER: 1 TES BUNO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 | Nursing Home | Residence 6 | Other (Specify) 6 27. MANNER OF DEATH 26s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED this c marked. Natural M 1 YES 2 NO E HOSPITAL OR ATTENDING PH FUNERAL DIRECTOR: After th within 72 hours after death w 8 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 69 6 Could not be COMPLETED 4 Homicide 28 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated = TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 2. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, de 29c, LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) THE I BE 2 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 21401 FRANKLIN MO

TO BE COMPLETED BY FUNERAL DIRECTOR

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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, p.	within	IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must I
出	filed	POR
2	2	E

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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29b. SIGNATURE AND TITLE OF CE

31. DATE FILED (Month, Day, Year)
OCT 1 2

Ann H. Webb M.D.

607 Dutchmans Lane

32. REGISTRAR'S SIGNATURE

FOR STATE REGISTRAR	STATE OF	MARYLAND / Ci		CATE OF				YGIENE REG. NO.	91	0 2	8692
1. DECEDENT'S NAME (First, Mic		ATE FO	XC				2. DATE OF MONOR!	DEATH DAY	9.19	YEAR 3.	TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF I	нтни	4/_/		ACE (State or Foreign
578-32-3405	1 □ M 2 🏋 F	67	YRS.	MONTHS DAYS	HOURS	MIN.	Nov.	5, 192	2	Kent	ucky
9e. FACILITY NAME (If not institu	tion, give street and number)			9b. CITY, TOWN	OR LOCATIO	ON OF DE	ATH	9	c. COUNT	Y OF DEAT	Н
Geenwood Apt				St. Mi	chael	S		T	albo	t	
RESIDENCE OF DECED	COUNTY		Lan Oltre	TOWN OR LOCA	71011						A MIGUEL AVEN
Maryland	Talbot			Michae							d. INSIDE CITY LIMITS? YES 2 NO
10e. STREET AND NUMBER				10	I. ZIP CODE			1	0g. CITIZI	EN OF WHA	T COUNTRY?
Green wood	Apts. P.O.	Box 601			21663				U.S.	Α.	
11. MARITAL STATUS 1 Never Married 2 Mer 3 Widowed 4 X Divorced	IF YES, GIVE	NT EVER IN U.S. AF I YES 2 X MAR OR DATES	NO	If yes, s		n, Mexicen	IC ORIGIN? (S n, Puerto Ricar		No- 1	4. RACE — Black, W Specify:	American Indien, Thite, atc. White
	NT'S EDUCATION heat grade completed)	(0	Sive kind of w	USUAL OCCUPAT	ON ost of workin	a	16b. Kill	NO OF BUSIN	ESS/INDU	STRY	
Elementery/Secondary (0-12)	College (1-4 or 5	+)	9. Do NOT us	ke Bay			Sec	cretar	У		
17. FATHER'S NAME (First, Middle	, Lest)				18. MOTH	IER'S NAM	AE (First, Midd	le, Maiden Sur	name)		
Gen. Josep	h Foster Tat	e			Mar	guer	ite Pa	arker			
19a. INFORMANT'S NAME (Type/		19	b. MAILING	ADDRESS (Street	and Number	or Rural R	loute Number, (City or Town, S	State, Zip C	Code)	
Katherine H	Foster Fox		701 D	ivision	St.	St.	Michae	els, N	laryl	and !	21663
20e. METHOD OF DISPOSITION	2	20b. PLACE	OF DISPOS	ITION (Name of co	metery, crem	atory or		20c. LOCAT	ION C	ity or Town,	Stata
4 Donation Cremetion		Lee	Crem	atory				Clin	ton,	Mar	yland
21. SIGNATURE OF FUNERAL SI	ERVICE LICENSEE	rona	d		son E	, Le	onard				21663 arvland
23. PART I. Enter the diserance, or heer immEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	a. Carc ADUE TO b.	LIAC DO OR AS A CONSE	EQUENCE OF	ot anter the m							Approximate Interval Betwee Onset and Dea
PART II. Other significant	conditions contributing to	death but not	resulting i	n the underlyle	ng ceuse (given in	- 1	e. WAS AN AU PERFORME YES 2	D?	AV CC Of	THE AUTOPSY FINDING MALABLE PRIOR TO MAPLETION OF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED TO M					LACE OF D	EATH (Che	ock only one)				
1 TYES 2 THO	HOSPITAL: 1 □ Inpatient 2	☐ ER/Outpatient	3 🗆 DOA	OTHER: 4 - Nursing Ho	me 5 Re	sidence	8 Other (S	pecify)			
27. MANNER OF DEATH 1 Netural 5 Pen	ding 28e. DATE 0 (Month,	F INJURY Day, Year)	28b. TIMI INJ		JURY AT ORK? YES 2] NO	28d. DEŞCRI	ILNI WOH 381	URY OCC	JRED	
2 Accident Inve			1	treet, factory, off					Number o		

Easton, Maryland 21601

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IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
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m 28 is marked, or item 23 shows any injury,	ME
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1 - STATE REGISTRAR				F DEATH		REG. NO.		
1. DECEDENT'S NAME (First, Middle, Les HELEA	M. F	ARVER			2, DAT	E OF DEATH	2 9	3. TIME OF DEATH /230 No
4. SOCIAL SECURITY NUMBER 213-05-156	1	AGE (In yrs. lest birthdey) 90 YRS.	IF UNDER 1 YEAR		. (Mon	of BIRTH th, Day, Year)		BIRTHPLACE (State or Foreign Country)
9a, FACILITY NAME (If not institution, giv	,			N OR LOCATION OF	DEATH		COUNTY	OF DEATH
Baltimore Cou				dallsto	WO		Bal	timore
MD C.a			y, town on Lo Elders					10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	rroll		Iders	101. ZIP CODE		10	g. ÇITIZEN	1 TYES 2 NO
6641 Ridge Ro	ad			21784			U.	S.
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO	If yes,	Specify Cuben, Max 28 2 NO Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Spe			No- 14.	RACE — American Indian, Black, White, atc. Specify: White
15. DECEDENT'S E (Specify only highest gra		18a. DECEDENT'S (Give kind of a life. Do NOT us	work done during	ATION most of working	16	b. KIND OF BUSINE	SS/INDUST	
Elementary/Secondary (0-12)	College (1-4 or 5+)	worke				shoe fa	ac to	nv
17. FATHER'S NAME (First, Middle, Last)		,		16. MOTHER'S	NAME (First,	Middle, Meiden Surr		2. y
Adam Jackson	Martin					e Autz		
19a. INFORMANT'S NAME (Type/Print)	G			et and Number or Ru				
Robert A. Far		20b. PLACE OF DISPOS		e Rd.,				2178 4 or Town, State
Burial 2 Cremation 3 Red 4 Donation 5 Other (Specify)	moval from State	Westmir	ster	Cemeter	v			ster. MD
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			tts Fun				
Robert K.	Pritts,	Sr.						aper minster. MD
IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	A AS A CONSEQUENCE O	ค:					O'MIN
PART II. Other algorificant condit	AL EFF	eth but not resulting EUSION;	In the underly	ring cause given	in Part I.	24e. WAS AN AUT PERFORME 1 YES 2	7	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			. PLACE OF DEATH	(Check only	one)		
1 YES 2 NO	1 ☐ Inpatient 2 ☐ E	R/Outpatient 3 DOA		fome 5 - Residen				
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF IN. (Month, Day,	JURY 28b. TIN	JURY	INJURY AT WORK? YES 2 NO	28d. Di	EŞCRIBE HOW INJU	RY OCCUR	ED
3 Suicide 8 Could not 1 4 Homicide determined	28a. PLACE OF the building, etc.	NJURY — At home, farm, (Specify)	street, factory, o	office		CATION (Street and y or Town, State)	Number or i	Rural Route Number,
and any	YSICIAN: To the beat of my							euse(s) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFICATION	ais (M)			29c. LICENSE	373	33	10.	IGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON C - RAVI MS	D, BCGH	OF DEATH (ITEM 27) (Type	7-LLS	TOWN	MO	21133		
31. DATE FILED (Month Day Char)	35 Dices Tolor	CONTON						

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within durs after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

t. DECEDENT'S NAME (First, Middle, Lest) Jeanne F.						2. DATE OF DEATH		3. TJME OF DEATH
00011170	Finley					10-01	- 90	OYEAR 6,00
213-36-9499	5. SEX 6.	AGE (In yrs. lest birthday) YRS.		DAYS HOURS	ER 24 HRS.	7. DATE OF BIRTH	39	6. BIRTHPLACE (State or For
90. FACILITY NAME (If not institution, give s Stella Maris Hos				TOWN DR LOCA	TION OF D			NTY DE DEATH timore
RESIDENCE OF DECEDENT								
toe. STATE tob. COUNTY	Y	t0c. Cl	TY, TOWN DE	R LOCATION				tod. INSIDE CITY
MD Car	roll	W	estm	inster	2			1 YES 2 1
10e. STREET AND NUMBER				tof. ZIP CD	DE		10g. CITI	ZEN DF WHAT COUNTRY?
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tt. MARITAL STATUS	t2. WAS DECEDENT EV FDRCES? t	ER IN U.S. ARMED	t3. W	AS DECENDENT	OF HISPA	NIC DRIGIN? (Specify Yar on, Puerto Rican, etc.)	or No-	t4. RACE — American India Black, White, etc.
t Naver Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR	DR DATES	t	☐ YES 2 X N	D Specif	y:		Society: White
t5. DECEDENT'S EDU (Specify only highest grade		tea. DECEDENT'S	work done do	CUPATION uring most of wor	ddng	t6b. KIND OF BU	SINESS/INC	DUSTRY
Elementary/Secondary (0-t2)	College (t-4 or 5+)	ille. Do NOT L						
		Home	make			n/a		
17. FATHER'S NAME (First, Middle, Last)						ME (First, Middle, Malden		
George William 190. INFORMANT'S NAME (Type/Print)	m Haake					se Hollar		
						Route Number, City or Tow		
Douglas A. Fir								inster. MD
20e. METHOD OF DISPOSITION t M Burial 2 Cremetion 3 Rem	oval from Btate	20b. PLACE DF DISPO			rematory or			City or Town, Stata
4 Donation 6 Other (Specify)	actions.	Baust		tery			estm:	inster, MD
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Robert K. F	Pritts. S	r.						stminster,
_	b. Of	AS A CONSEDUENCE I	nce)					
Sequantially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	C	AS A CONSEDUENCE I	OF):					
If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (DR							
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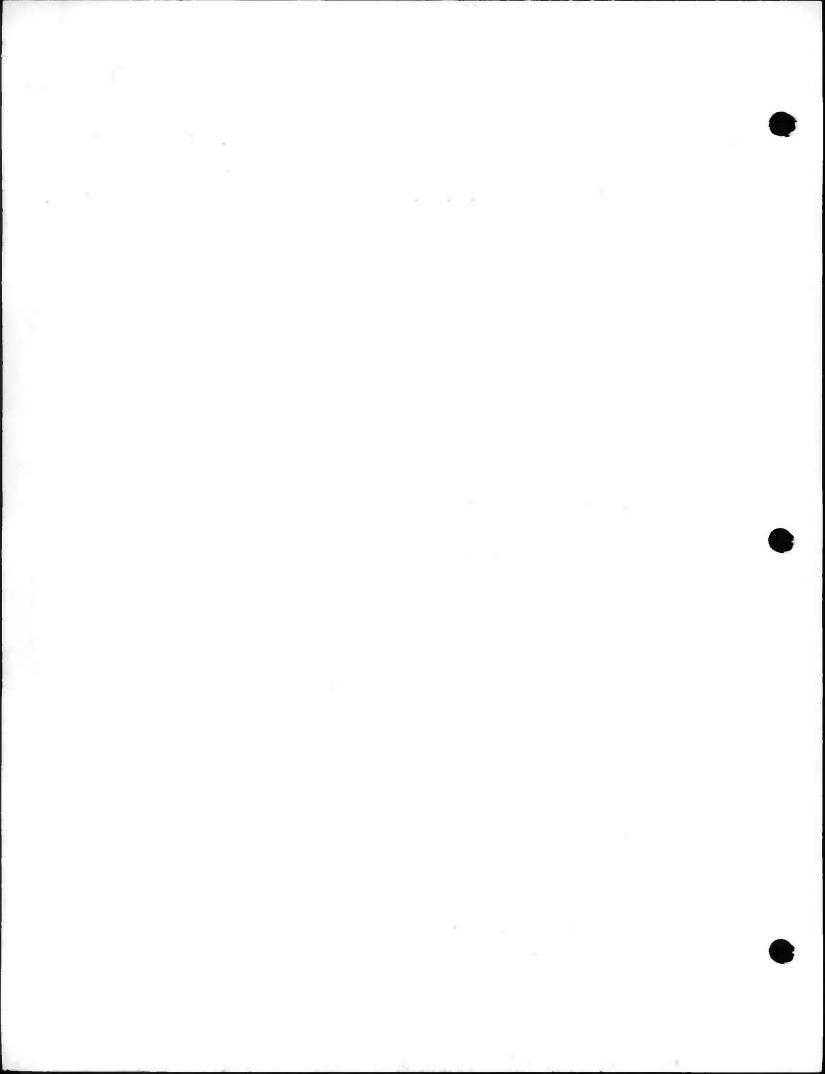
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		BERNARD	RTC		ANDE					1		SEP		, 199		4:29pm M
(1	N	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE ((In yrs. lest	birthday)	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	(Month	Day, Year)		8. BIRTHPLA Country)	ACE (State or Foreign
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Pages, ff.	ш		b. COUNTY	1									d. INSIDE CITY LIMITS?			
2	BIG (Maryland	Princ	ce George	es		В	owie							1M	¥ YES 2 □ NO
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WERE AUTOP AMRIABLE PR COMPLETION OF DEATH? 1 YES 2		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		ERTIFIC	CATE O	F DEATH	R	EG. NO.					
	1. DECEDENT'S NAME (First, Middle, Lest) Ethel M	Ethel Mae FISH Fisher	IER		2. DATE OF DEATH MONTH DAY YEAR 9 90 5					M		
	4. SOCIAL SECURITY NUMBER 212-38-7595	5. SEX 8. AGE (in yrs. 1		IF UNDER 1 YEAR		M. (Month, Day	1895 1895	8. BIRTNPLACE (State or Foreign Country) Pennsylvania				
OR	9a. FACILITY NAME (If not institution, give s Avalon Home Inc			96. CITY, TOWN OR LOCATION OF DEATH Hagerstown Washington								
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Wash	ington		TOWN OR LO				10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
FUNERAL	100. STREET AND NUMBER 336 S. Cleveland	AVe.			101. ZIP CODE 21740			1 12 YES 2 10g. CITIZEN OF WHAT COUNTRY?				
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 No IF YES, GIVE WAR OR DATES		If yes,	specify Cuban, Ma	ISPANIC ORIGIN? (Specify Yea or No— laxican, Puarto Rican, etc.) Specify: White						
once. COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed)	life. Do NOT use	ork done during	most of working	12550.200	66. KIND OF BUSINESS/INDUSTRY Board of Education					
6 III	17. FATHER'S NAME (First, Middle, Last) Henry Mellinger		18. MOTHER'S NAME (First, Middle, Maiden Surname) Helen Artz									
TO T	19a. INFORMANT'S NAME (Type/Print) Olive Fisher			MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 16 Marion Street, Hagerstown, Md. 21740								
must be	20s. METNOD OF DISPOSITION 1X Buris! 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from Stata 20b. PLAC other Rest	ce of disposi place Haver	TION (Name of	ne of competery, cremetory or return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and return and ret							
examiner	21. SIGNATURE OF FUNERAL SERVICE LIC	Dinnie	R	MIN	NICH FUN E. Wils	ERAL HOM	E ,Hagers	town,	Md. 2174	0		
nt, the medical	23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	complications that caused tha List only one cause on each if a.	daath. Do no	Do not antar the mode of dying, such as cardiac or respiretory errest, Approximate interval Betwoen and D								

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

PART II. Other algorificant conditions contributing to death but not reaulting in the underlying cause given in Part I.

24a. WAS AN AUTOPS PERFORMED 1 TES 2 NO

26d. DESCRIBE HOW INJURY OCCURED

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

10 min.

Death

1 TES 2 NO

	-		_
WAS	CASE	REFERRED #0	MEDICAL
	MINE		

1 Natural

2 Accident

3 Suitride

4 🔲 Homicide

HOSPITAL:
1 | Inpetiant 2 | ER/Outpetient 3 | DOA 28a. DATE OF INJURY (Month, Day, Year)

OTHER

28c. INJURY AT WORK? 1 YES 2 NO 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify)

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

(Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILED (Month, Day, Year) 10 '90

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis

PEATH (ITEM 27) (Type, Print) WHO COMPLETED CAUSE O

29c, LICENSE NUMBER 2

28. PLACE OF DEATH (Check only one)

5 Rasidence 8 C Other (Specify)

29d, DATE SIGNED (Month, Day, Year,

Davidson

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed will TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and compit be filed within 72 hours after death with the State Dept. of Health and Mental Hyghere prior to builai, ore IMPORTANT: It item 28 is marked, or item 23 shows any injury or other contractions.

BY PHYSICIAN: MEDICAL CERTIFICATION

COMPLETED

BE

2

DIVISION OF VITAL RECORDS, P.O. BOX 13146

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21203-3146

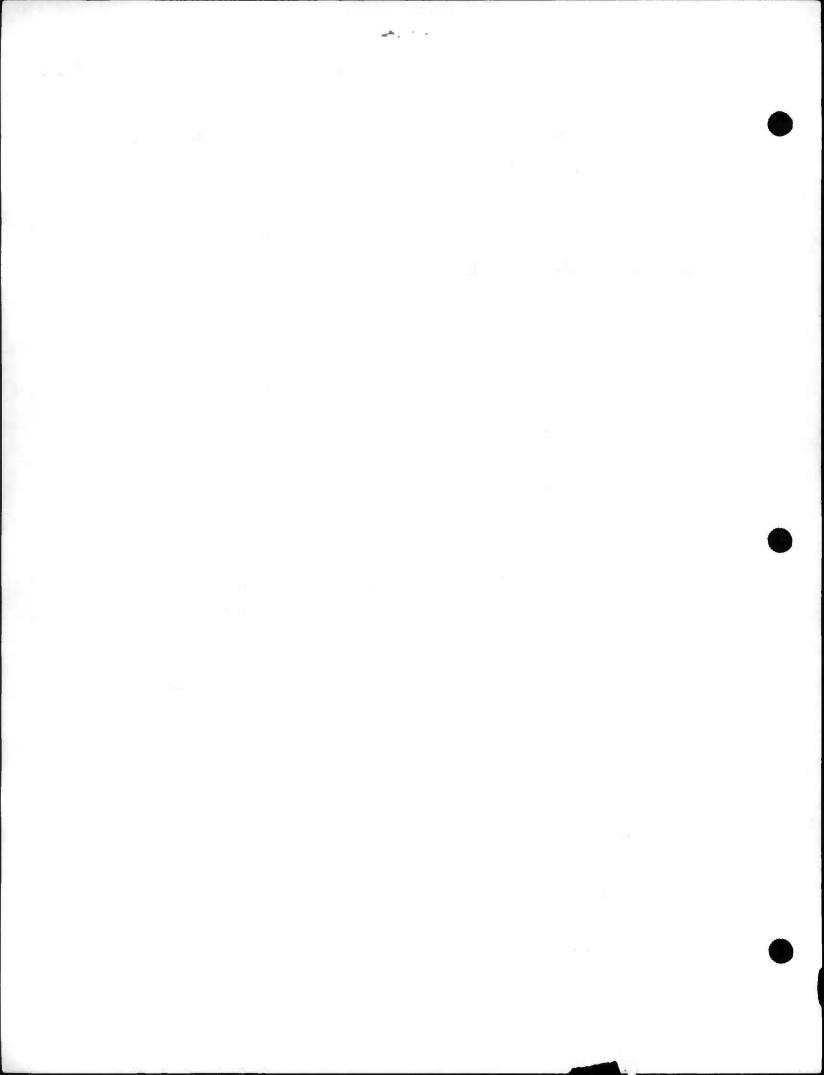
BALTIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 years after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	57	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be fleet within 72 hours after death with the State Dept, of Heaith and Mental Hygiene prior to burial, cremation, or removal.	the
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	1 - STATE REGISTRAR			ICATE OF		F	EG. NO.			
	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH		YEAR	3. TIME OF DEATH
	RUTH EDNA FE	CTEAU				Dct.6	-			2:45 A M
	4. SOCIAL SECURITY NUMBER 5. SEX 262-20-7286	6. AGE (In	yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF I (Month, De	BIRTH v. Year)		8. BIRTHP	LACE (State or Foreign
	202-20-7200 1□M2屋	85	YRS.	MONTHS DATS	HOURS MIN.	5-10-		5		A.
	9a. FACILITY NAME (If not institution, give street and number)			9b. CITY, TOWN C	OR LOCATION OF	DEATH		9c. COU	NTY OF OE	ATH
8	Colton Villa Nursing Home Hagerstown Washington									
DIRECTOR	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION									10d, INSIDE CITY
<u>E</u>	MD. Washington	CO		erstown						LIMITS?
	IOe. STREET AND NUMBER	. 00.	mag		ZIP CODE			10a CITI		1 YES 2 NO
FUNERAL	Rt.2 Box 1124Deer L	apho.	Dank		21740					A. 000111111
ᄬ		DENT EVER IN			ENDENT OF HISP	ANIC ORIGIN? (S	necify Yes		S.A.	- American Indian,
	1 Never Married 2 Married FORCES?	1 YES	2 NO	If yes, sp	ecify Cuban, Maxi- 2 NO Spec	can, Puerto Rica			Black, Specify	White, etc.
B	3 🔀 Widowed 4 🗔 Divorced	C MAIN ON DAI	123	1 123	XX	my.			орвану	White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)			USUAL OCCUPATION		16b. KII	D OF BUS	INESS/IND	USTRY	
	Elamentary/Secondary (0-12) College (1-4 o	r 5+)	Illin Do NOT II	emaker		Ho	use			
M										
8	17. FATHER'S NAME (First, Middle, Last) George Washington D	071710]	+			IAME (First, Midd			α .	
BE		ay waı				is Mi				nart
0	19a. INFORMANT'S NAME (Type/Print) Pauline Little			ADDRESS (Street a						40
		Too		2 Box 1					a C I /	
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal from State	206. S	other place)	urg Cre	metery, crematory o	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				m, State
	4 Donation 5 Other (Specify)		mr one	22. NAME AL	ND ADDRESS OF	FACILITY				
	4) 5/11	1		Thom	pson F	'unera	L Ho	me,	Inc	•
	Teleme L. Xa	WO		P.O.	Box 31	O Cle	ar S	pri	ng,	MD.21722
	23. PART i. Enter the diseases, or complications shock, or heart failure. List only one			not anter tha mo	da of dying, so	ich as cardiac	or respi	ratory an	rest,	Approximate interval Batween
	IMMEDIATE CAUSE (Final									Onset and Daath
	disease or condition reaulting in death)	conge	stive	heart	failur	2				6 weeks
	DUE	TO (OR AS A	CONSEQUENCE O	F):						
No.	Sequantially list conditions, Due	TO (OR AS A	CONSEQUENCE O)F):						
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING			,						1
띹	CAUSE (Disease or injury that initiated events	TO (OR AS A	CONSEQUENCE O	F):						
ե	reaulting in death) LAST									
	PART ii. Other aignificant conditions contributing	to death bu	it not resulting	in the underlyin	o causa oiyan	in Part i 24	WASAN	AUTOPSY	24h	WERE AUTOPSY FINDINGS
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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should	ne filed with	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	T REGISTRAR CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last) ALICE PORT 1. DECEDENT'S NAME (First, Middle, Last) CCT CCT CCT CCT CCT CCT CCT C								
	4. SOCIAL SECURITY NUMBER 5. SEX 1 D M 2 F F WODER 1 YEAR IF UNDER 1 YEAR IF UNDER 24 HRS. 1 D M 2 F YRS. 6. AGE (in yrs. last birthday) F UNDER 1 YEAR IF UNDER 24 HRS. 1 D M 2 F YRS. 7. DATE OF BIRTN (Month, Day, Year) JULY 5, 1918 VIRGINIA								
TOR	98. FACILITY NAME (if not institution, give street and number) (RESIDENCE) RT. 227 P.O. BOX 2337D BESIDENCE OF DECEMENT Street, Town or Location of Death CHARLES CHARLES								
DIRECTOR	108. STATE 106. COUNTY 106. CITY, TOWN OR LOCATION 107. TOWN OR LOCATION 108. STATE 109. CITY TOWN OR LOCATION 100. LIMITS? 1 □ YES 2 XXNO								
FUNERAL	Rt #2 Po Box 2337D 101. ZIP CODE 102. GODE 103. CITIZEN OF WHAT COUNTRY? UNITED STATES								
B⊀	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ASMED FORCES? 1 YES 2 MO If YES, GIVE WAR OR DATES 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No-Black, Specify Cyban, Maxican, Puarto Rican, stc.) 14. RACE — American Indian, Black, Whita, atc. 15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No-Black, Whita, atc.) 16. YES 2 MAIO Specify: BLACK								
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamentary/Secondary (0-12) College (1-4 or 5+) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY									
MPL	8TH NONE HOUSEWIFE PRIVATE								
Etementary/Secondary (0-12) College (1-4 or 5+) HOUSEWIFE PRIVATE 17. FATHER'S NAME (First, Middle, Last) JAMES RANDOLPH ROANE (Give kind or work doine during most of working) (Hills. Do NOT use retired.) HOUSEWIFE PRIVATE 18. MOTHER'S NAME (First, Middle, Melden Sumame) RUBY RICHARDSON									
JAMES RANDOLPH ROANE 190. INFORMANT'S NAME (Type/Print) NATHANIEL FLEET JR. 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) ROUTE 2 BOX 2337D, LA PLATA, MARYLAND 20646									
	20c. METHOD OF DISPOSITION Manual Computer 2 Cremation 3 Removal from State								
	21. SIGNATURE OF FUNERAL SERVISE LICENSEE 22. NAME AND ADDRESS OF FACILITY THORNTON 'S FUNERAL HOME, POMONKEY, MD								
	23. PART i. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory srrest, ahock, or heart failure. List only one cause on each line.								
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
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	3 Suicide 6 Could not be 4 Homicide 6 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)								
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the bests of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and dua to the cause(a) and manner as stated.								
BE	296. SIGNATURE AND TITLE ON CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Opy, Year) 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Opy, Year)								
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)								
	31. DATE FILED (Month, Day, Year) 32. REGISTRAN S. GIGNATURE CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANALISM SALVAGO LA CANAL								



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RDS, P.O. BOX 13146,	executed within	of by the attending physician and completely filled in by the fundand Mental Hygiene prior to burial, cremation, or removal.
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DIVISION OF VITAL RECO OR ATTENDING PHYSICIAN: The law requires

31. DATE FILED (Month, Day, Year)
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH denhor MONTH DAY YEAR 40 90 2 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS MONTHS HOURS 1 M 2 XF 215-54-7984 YRS. Dec.25,1912 Connecticut ng physician. he burlal-transit permit. Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 11501 West Hill Drive Rockville Montgomery RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10h COUNTY 10d. INSIDE CITY Maryland Montgomery Chevy Chase 1 X YES 2 NO FUNERAL 10a, STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 4620 North Park Avenue, #606E 20815 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, apecify Cuban, Maxican, Puarto Rican, atc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married 1 TES 2 NO Specify: Specify: 3 Widowed 4 Divorced BY White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 Housewife Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Lipman Bosin BE Rose Mina Sirotkin 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Stanton J, Gildenhorn (son) 12508 Circle Drive; Rockville, Md. 20850 þe 20a. METHOD OF DISPOSITION

1 Xeurlei 2 Cremetion 3 Removal from the Community of Community of Community (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, Stata must Beth Sholom Cong.Cemetery Washington, D.C. examiner 21. SIGNATURE OF PURPAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DANZANSKY-GOLDBERG MEMORIAL CHAPELS, INC. 1441 1170 Rockville Pike: Rockville medical 23. PART / Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory arreat, shock, or reart failure. List only one cause on each line. Approximeta Interval Between **Onset and Deeth** IMMEDIATE CAUSE (Final the disesse or condition DE TO (OR AS A CONSEQUENCE OF): event, resulting in death) ARCINOMA. traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if eny, leading to immediate . Enter UNDERLYING CAUSE (Disesse or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST ŏ Injury, 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED? PHYSICIAN: MEDICAL any 1 YES ZE NO has been signed e Dept. of Health OF DEATH? Shows 3 1 YES 2 NO 23 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL this certificate h item EXAMINER? OTHER 1 | Inpatient 2 | ER/Outpatient 3 | DOA Residence 8 - Other (Specify) marked, or 27, MANNER OF DEATH 28s. DATE OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 1 Natural 5 Pending М 1 YES 2 🗌 NO BY After t 2 Accident Investigation 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide THE HOSPITAL OR ATTENDIN THE FUNERAL DIRECTOR: AI filed within 72 hours after de 8 Could not be detarmined 99 ETED 4 Homicide 28 Item 29a CERTIFIER 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and placa, and due to the cause(a) and manner as stated. COMPI TO THE FUNERAL OF THE FUNERAL CO THE FUNERAL CO THE FUNERAL COMPANITY IN INPORTANT: If II MEDICAL EXAMINER: On the basia of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 296 SIGNATURE AND THEE OF CENTIFIER 29d. DATE SIGNED (Month, Day, 29c. LICENSE NUMBER BE 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, 30 NAME AND ADDRESS OF PERSON. 15 HAPIRO Morton

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Julia Davidson

90 28701 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 3. TIME OF DEATN 2:40 PM
2:40 PM 2. DATE OF DEATH DAY .1. DECEDENT'S NAME (First, Middle, Last) CHARLES GREEN harle oreer W 10 5. SEX IF UNDER 1 YEAR 4. SOCIAL SECURITY NUMBER 6. AGE (In vrs. lest birthday) IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 M 2 - F DAYS HOURS 13-MASS 9c. COUNTY OF DEATH De. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR ARUNDEL GENERAL HOSP'T ANNAPOLIS ANNE ARUNDEL RESIDENCE OF DECEDENT Pages 1 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY 10e. STATE MD. ANNE ARUNDEL HARWOOD 1 X YES 2 | NO permit FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4746 borial-transit F. FLANDERS LA 20776 U.S.A. the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 If yes, epecify Cuben, Mexican, Puerto Rican, atc.) 1 Never Merried 2 Merried 1 TYES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced WHITE 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co. Elementery/Secondary (0-12) College (1-4 or 5+) 12 CARPENTER CARPENTRY OMCE. 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Ħ CHARLES UNKNOWN GREEN BE netified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 HELENA P. GRAY PACKTON LA., BOWIE, MD. 20716 Pe 20e. METHOD OF DISPOSITION
1 □ Buriel 2 【Cremetion 3 □ Removal from State
4 □ Donetion 5 □ Other (Specify) 20b. PLACE OF DISPOSITION (Name of cametary, crematory or 20c. LOCATION — City or Town, State must CHAMBERS CREMATORY RIVERDALE. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY M00091 W. W. CHAMBERS CO., RIVERDALE, MD. medical 23. PART I. Enter the dieeeses, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or reepiratory arrest, Approximete ehock, or heert failure. Liet only one ceuse on each line Interval Between **Onset and Deeth** IMMEDIATE CAUSE (Finel the diseese or condition_ 48 Cs resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): signed by the attending physician and con Health and Mental Hygiene prior to burial, DCK traumatic CERTIFICATION Sequentisily list conditions, DUE TO (OR AS A CONSEQUENCE QF): if eny, leeding to immediate cause. Enter UNDERLYING 1 Week andominal antic sturod CAUSE (Disease or Injury that initiated events other alleley 4182 resulting in death) LAST 6 that the death 24a. WAS AN AUTOPSY PERFORMED? DIVISION OF VITAL RECORDS, PART II. Other significent conditions contributing to desth but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE Laverse Le shows any 1 TYES 2 THO OF DEATH? 1 WES 2 NO has been s Dept. of H PHYSICIAN: HOSPITAL OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) item DIRECTOR; After this certificate hours after death with the State HOSPITAL: OTHER:
4 □ Nursing Nome 5 □ Residence 8 □ Other (Specify) 1 VES 2 NO etient 2 - ER/Outpetient 3 - DOA 0 28a. DATE OF INJURY (Month, Day, Year) 27. MANNED-OF DEATN 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE NOW INJURY OCCURED marked, 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, atreet, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be COMPLETED 4 Nomicide 28 item 29e. CERTIFIER
(Check only one)

A MEDICAL EXAMINED: On the basis of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner as stated. THE FUNERAL Ifled within 72 h IMPORTANT: IF 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and menner se stated. 29d. DATE SIGNEO (Month, Day, Year) 29b. SIGNATURE AND LITLE OF CERTIFIER 29c. LICENSE NUMBER BE MO 020731 ▶ 10.7-90 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Time Print) 23 9 KARL HOLSCHUH 600 ANNAROLIS 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

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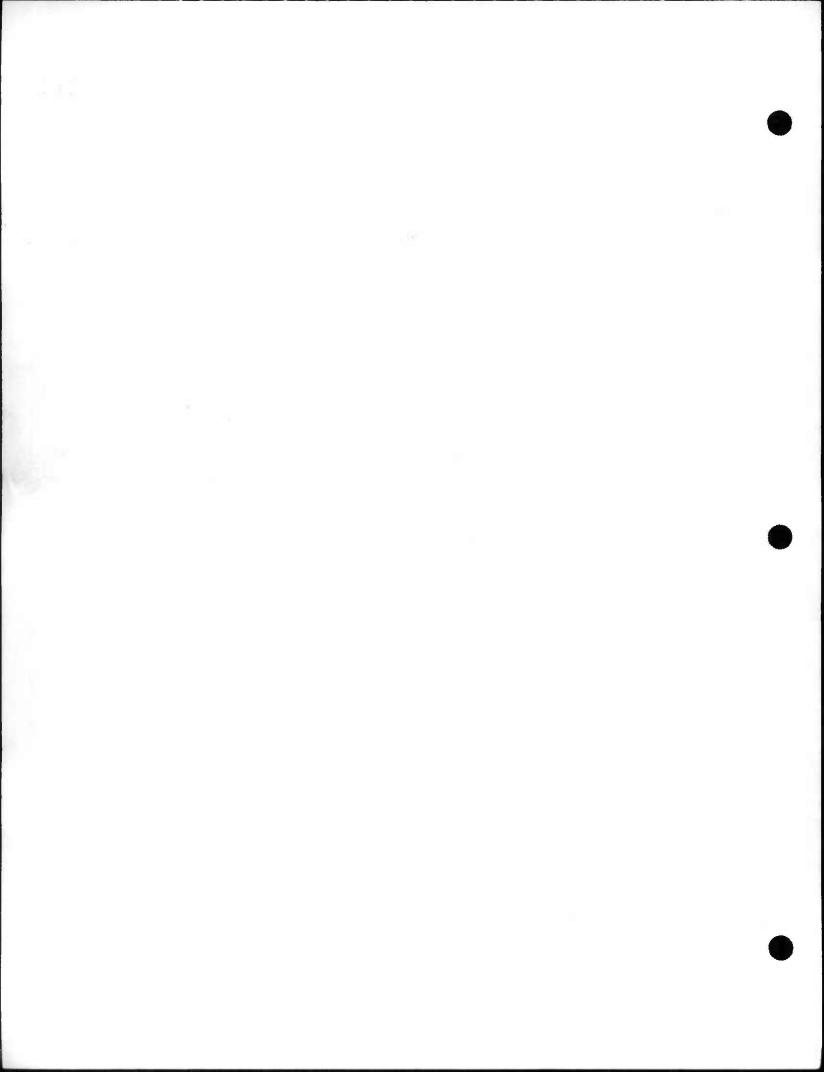
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e funera al. exami		21. SIGNATURE OF FUNERA		Dun	e HEIRO	POLL	22. NAME FRANC	IS J.	S OF FACIL	INS FUNE	RAL HOM	IE, INC. PR.,MD. 20901
ompletely filled in by all cremation, or remement.	NC	23. PART I. Enter the dahock, or h IMMEDIATE CAUSE (Fit disease or condition resulting in death) Sequentially list condit	eart fellure.	List only one ce BUSL DUE TO CARSUL	COUPS O OR AS A CONSE	teres	hear		-			t, Approximete interval Between Onset and Death
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the this certificate that the marked, or	ву РНУ	27. MANNER OF DEATH	Pending Investigation	28a. DATE O		26b. TIN	IE OF 28c. I	NJURY AT YORK? YES 2		esd. DESCRIBE HO	W INJURY OCCU	RED
ECTOR: After s after deal	8	a Distribution —	Could not be datermined	28e. PLACE building	OF INJURY — At h j, atc. (Specify)	nome, ferm,	atreet, factory, of	fice	2	28f. LOCATION (Street and Number or Rural Route Number, City or lown, State)		
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TO THE HUSPITAL. TO THE FUNERAL De filed within 72 P	BE	296. SIGNATURE AND TITLE	or certaine	Lend	en	Me)	29c, LICE D 0	66	74	≥ / E	HONES (Morth, Day, Hear)
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		31. DATE FILEO (Month, Day,	90 '9		har's signature	n_Pano	1000					

32. REGISTRAR'S SIGNATURE

GUNA VENIDON-PANDER

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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Y	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. last birthde		NDER 1 YEAR	IF UNDER 24 HRS.	7. DA	TE OF BIRTH Jonth, Day, Year)	8. 1	BIRTHPLACE (State of	Foreign	
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	9ay FACILITY NAME (If not institution, give s	treet and number)		9b. (CITY, TOWN	R LOCATION OF E			9c. COUNTY	4		
DIRECTOR	12305 Triple Crow	n Road		No	orth F	otomac	ac Montgomery					
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岩	Maryland Mont	gomery	1	Nort	h Poto	omac				1 TYES 2 X NO		
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COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDEN (Give kind	of work di	one during mo		2	16b. KIND OF BU	SINESS/INDUST	RY		
3	Elementary/Secondary (0-12)	College (1-4 or 5+)	lite. Do NO		ed.)							
MP	0		Nor	ne					N/A			
8	17. FATHER'S NAME (First, Middle, Last)							st, Middle, Maiden	Sumeme)			
BE	Peter Andras Go	LOR .						Walker				
2		20.0	72 675			nd Number or Rura				») с, MD 208	270	
	Peter & Jorgy Gor	-og									010	
	20s. METHOD OF DISPOSITION 1 1 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	Rapp Funeral Services, P. A. 933 Gist Avenue, Silver Spring, MD 20910											
		4. /	30								910	
,	23. PART I. Enter the diseases, or complications that Sauásd the death. Do not enter the mode of dying, such as cardiac or respiratory strest, shock, or heart failure. List only one cause on each lins. IMMEDIATE CAUSE (Final disease or condition resulting in death) 3. Due to (or As A consequence of): Due to (or As A consequence of):										Between	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	AS A CONSEQUENC		-							
ALC	PART II. Other significant condition	na contributing to dea	th but not resulti	ng in th	e underlyin	g cause given i	n Part I	1. 24a. WAS AI		24b. WERE AUTOPS		
2								PERFO		AVAILABLE PR		
MEDIC									AV.	OF DEATH?	□ NO	
2												
¥	25. WAS CASE REFERRED TO MEDICAL				26. P	LACE OF OEATH (Check onl	ly one)				
SIC	EXAMINER? 1 YES 2 XNO	HOSPITAL: 1 Inpatient 2 ER/	Outpatient 3 DO	A 4	HER: Nursing Hor	ne 5 KResidenc	• a □ c	Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH	2Se. DATE OF INJU		TIME OF	28c. IN	JURY AT	29d.	DESCRIBE HOW	INJURY OCCUR	ED		
1XXNatural 5 Pending M 1 YES 2 NO												
								Rural Route Number,				
3 Suicide a Could not be determined building, etc. (Specify) 29e. CENTIFIER (Check only one) 2 MEDICAL EXAMINER: On the Made of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end manner as stated.												
OM	one) 2 MEDICAL EXAMINI	ER: On the Made of example	nation end/or investi	gation, in	my opinion,	death occured at t	he time,	date end place, e	nd due to the c	euse(e) end menner	se stated.	
ш	29b. SIGNATURE AND TITLE OF CONTIFIE	A / / /	TI -			29c. LICENSE N	UMBER	, [29d. DATE S	IGNEO (Month, Day, Y	bar)	
0	alun 7	NOU	~m	7		D16	14	7	Oct	ober 8,]	990	
2	30. NAME AND ADDRESS OF PERSON WA					vo #11′) (aithors	hure	MD 20270		
		, M. D., 4		TOHS	T DI.T	vc, #114	٠, ٥	ar chers	buig,	m 50013		
	31. DATE FILED (Month, Day, Year)		SIGNATURE D.	1.00								



w requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician. been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 112, 3 should be the feather and Memtal Hygiene prior to bunial, cremation, or removal. 3 shows an injury, or other traumatic event, the medical examiner must be notified at once.	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL DREACTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 112, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. The many articles are the province of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the sta
the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician. M Mental Hygiere prior to burial, cremation, or removal. Inlury, or other fraumatic event, the medical examiner must be notified at once.	G PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician. If this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1 2, 3 should be the beaution of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the
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	G PHYSICIAN: The law requires the rethis certificate has been signed ith with the State Dept, of Health starked on term 23 shows an

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Mary Patterson Thomson Gaines 1990 October 7 :40 am 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 1 M 2 X F YRS. 111-32-0944 June 5, 1902 Scotland 9c COUNTY OF DEATH 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Rockville, Nursing Home Montgomery Rockville DIRECT 10c. CITY, TOWN OR LOCATION 10e, STATE 10b. COUNTY 16d, INSIDE CITY Connecticut Litchfield 1 TES 2XXNO New Milford FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 11 Chimney Point Road 06776 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 2 2NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married 3 Widowed 4 Divorced FORCES? 1 YES 2 If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 KNO Specify: Specify: 8 White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) College (1-4 or 5+) Elementary/Secondary (0-12) 5 Teacher Education 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE Alexander Thomson Janet Morton 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Joan Taylor Sheehan 4803 Wellington Drive #202 Chevy Chase, Maryland 20s. METHOO OF DISPOSITION
1 ☐ Buriel 2 Å Cremation 3 ☐ Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State 20815 4 ☐ Donation 5 ☐ Other (Specify) Montgomery Crematorium Inc. Bethesda, Maryland 22 NAME AND ADDRESS OF FACULTY
ROBert A. Pumphrey Funeral Home/
Bethesda-Chevy Chase, Inc. 7557 Wisconsin
Avenue Bethesda, Maryland 20814 21. SIGNATURE OF FUNERAL SERVICE LICENSEE M00335 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory errest, Approximate shock, or heert fellure. List only one ceuse on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition Congestive Heart Failure days resulting in death) OUE TO (OR AS A CONSEQUENCE OF): Appertensive Heart disease Years CERTIFICATION Sequentially ilst conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE Hypothysoidism Parkinson discese 1 TYES 2 X NO DF DEATH? 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) OTHER:
4 ZNursing Home 5 - Residence 8 - Other (Specify) HOSPITAL: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 1 YES 2X NO 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 K Natural 5 Pending М 1 YES 2 NO 8 2 Accident **Investigation** 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide ETED. 6 Could not be determined 4 Homicide 29s. CERTIFIER 1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE Dent O. Johnson 0-19042 M.D. October 7, 1990 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Byrl D. Johnson M.D. 911 North Russell Street Gaithersburg, Maryland 20879 12 31. DATE FILED (Month, Day, Year) 90 32. REGISTRAR'S SIGNATURE Sia Davidson Randola

	FOR 1 - STATE REGISTRAR	STATE OF N			TMENT 0				MENTAL HYGIE!		90	28705
	1. DECEDENT'S NAME (First, Middle, Last)	Lawrenc	e C. Gra	У	Cra	4				MY	YEAR 9.0	3. TIME OF DEATN
ΛI	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. less	t birthday)		AR YS	IF UNDER	24 HRS.	7. DATE OF BIRTN (Month, Day, Year) 8. BIRTHPLACE (Stene or Country)			PLACE (Stete or Foreign
) [579-38-3137	1 X M 2 - F	67	YRS.	won in o		noons		April 21,	1923	Ark	ansas
/	9a. FACILITY NAME (If not institution, give et	reet and number)			9b. CITY, TO	WN O	R LOCATI	ON OF DE	EATN	9c. COU	INTY OF OF	ATN
ECTOR	14217 Bauer Driv		Roc	kv	ille	<u> </u>		M	iontg	omery		
EC	10e. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR L	OCATI	ION				Т	10d. INSIDE CITY		
PIG	Maryland Mon	tgomery		R	ockvil	le						LIMITS? 1 YES 2 NO
FUNERAL	10a. STREET AND NUMBER					101.	ZIP COD	E		10g. CIT	IZEN OF W	NAT COUNTRY?
5	14217 Bauer Dr:	ive		20853						United S		
5	11. MARITAL STATUS	12. WAS OECEDEN	T EVER IN U.S. AR	MED				NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	e or No-	14. RACE Black	— American Indian, White, etc.	
84	1 Never Merried 2 Nerried 3 Widowed 4 Olvorced	IF YES, GIVE V	MAR OR DATES					Specify			Specif	
	15. OECEOENT'S EOUC	WW		OFFICE	USUAL OCCU	DATIO			16b. KINO OF BI	IOINICOS (IN	CHOTOV	White
	(Specify only highest grade	completed)	(GI		work done durin			ng	United			ablic
2	Elementary/Secondary (0-12)	College (1-4 or 5-	+)	ngin					Health			ubitc
COMPLETED	17. FATNER'S NAME (First, Middle, Last)	3+	E	путп	eer		18. MOT	HER'S NA	ME (First, Middle, Maide		rice	
		Gray					1000		, , , , , , , , , , , , , , , , , , , ,	roumannoy		
	Dr. Lawrence C. Gray Pop. Informant's NAME (Type/Print) Pop. Informant's NAME (Type/Print) Pop. Informant's NAME (Type/Print) Pop. Mailing Address (Street and Number or Bural Route Number, City or Town, St									wn. State. Z	io Code)	
임	Mildred D. Gray 14217 Bauer Drive, Rockville, Maryland 20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of completer, cramatory or 20c. LOCATION — City of T									110	20853	
1												
	1 Denriel 2 A Cremetion 3 Removal from State 4 Denries 5 Other (Specify) Montgomery Crematori								Inc. Bet	hesd	a, Ma	rvland
1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE MO0387						ID ADDRE	SS OF FA	CILITY Robert	A. F	nmph.	rev Funeral
	Barbara Jo McMullen Lawrence Home/Rockville, Inc. 300 Wes Avenue, Rockville, Maryland								Vest 1 208	Montgomery 350-2805		
	23. PART I. Enter the diseases, or c shock, or haert failure.	not antar the	mo	da of dy	ing, suc	h se cerdiec or ree	oiratory a	rrest,	Approximate interval Between			
	IMMEDIATE CAUSE (Fine)				or least to tak						Onset and Death	
ĺ	disease or condition resulting in desth)	G	LUN	SY								
Ì		OUE TO	(OR AS A CONSEC	DUENCE O	PF):							
NO	Sequentially list conditions,	b	OR AS A CONSE	DUENCE C	NE).						_	-
Ě	if any, leading to immediate cause. Enter UNDERLYING	DOE 10	(OH AS A CONSE	JUENCE C	r).							į
FIC	CAUSE (Disease or injury that initiated events	CDUE TO	OR AS A CONSE	DUENCE C)F):							†
CERTIFICATION	resulting in death) LAST											
CE		u										
AL	PART II. Other aignificent condition			resulting	in the under	rlying	g ceuse	given in		N AUTOPSY PRMED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC	Ca	a4 00	(0-W)	0	cun	5	,		1 _ YES	2 NO		OF DEATH?
ME							<u> </u>			,)		1 TYES 2 NO
ä												
Y S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				28. PL	ACE OF	DEATH (Ch	neck only one)			
Sic	YES 2 NO		☐ ER/Outpatient 3	□ DOA	OTHER: 4 - Nursing	Hom	• 5 X R	lesidence	6 🗆 Other (Specify)			
PHYSICIAN:	27. MANNER OF GEATH	26a. DATE O (Month,	F INJURY Day, Year)	28b. TII	JURY		URY AT		28d. OEŞCRIBE HOW	INJURY O	CCURED	
BY	1 Natural 5 Pending 2 Accident Investigation					_	YES 2	□ NO				
COMPLETED	3 Suicide 6 Could not be determined	28e. PLACE (building	OF INJURY — At he i, etc. (Specify)	ome, ferm,	street, factory,	offic	•		281. LOCATION (Stree City or Town, Stel	t end Numb e)	er or Rural F	loute Number,
PLE	29e. CERTIFIER 1 CERTIFYING PNYSI	CIAN: To the best o	of my knowledge, de	ath occur	red at the time	, date	and plac	e, end due	e to the cause(s) end m	enner ee st	ated.	
MC	and an	R: On the besia of	examination and/or	Investigati	on, in my opin	lon, d	leath occu	ered at the	time, date end piece,	and due to	the ceuse(s) and menner es stated.
2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date end piece, and due to the ceuse(s) at 29b. SIGNAFURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (M									(Month, Day, Year)			

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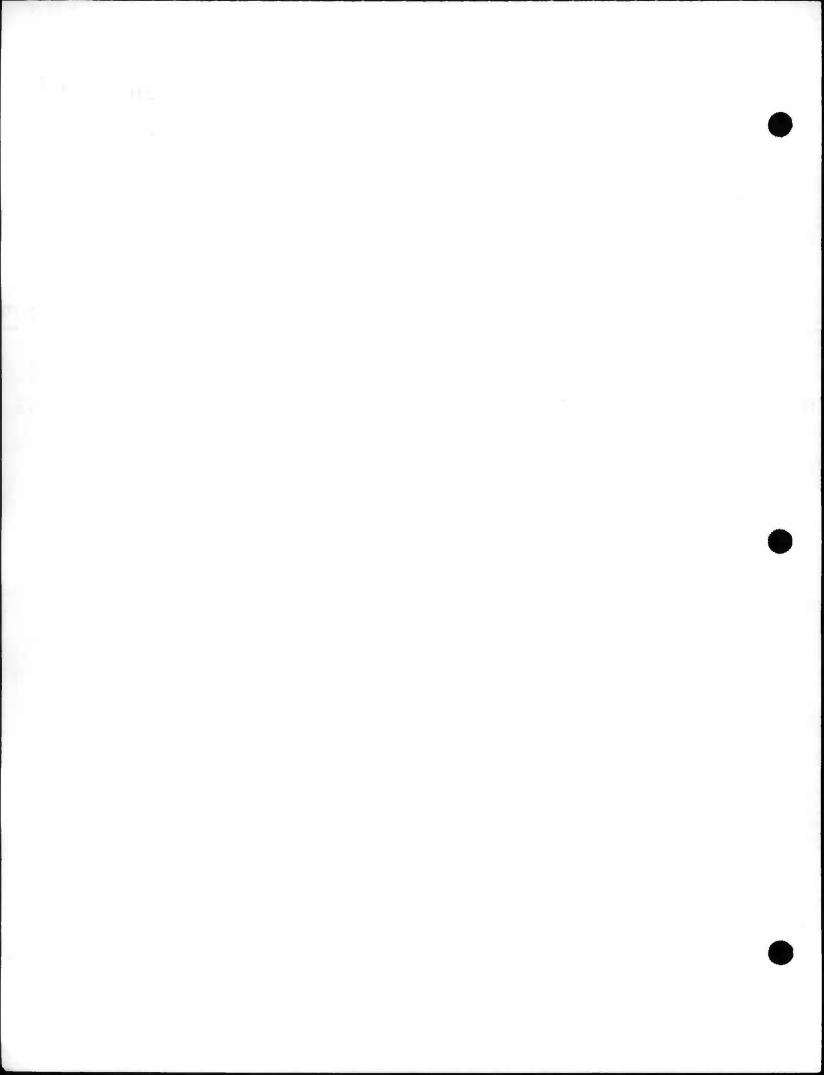
31. DATE FILED (Month, Day, Wear)

30. NAME AND AODRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

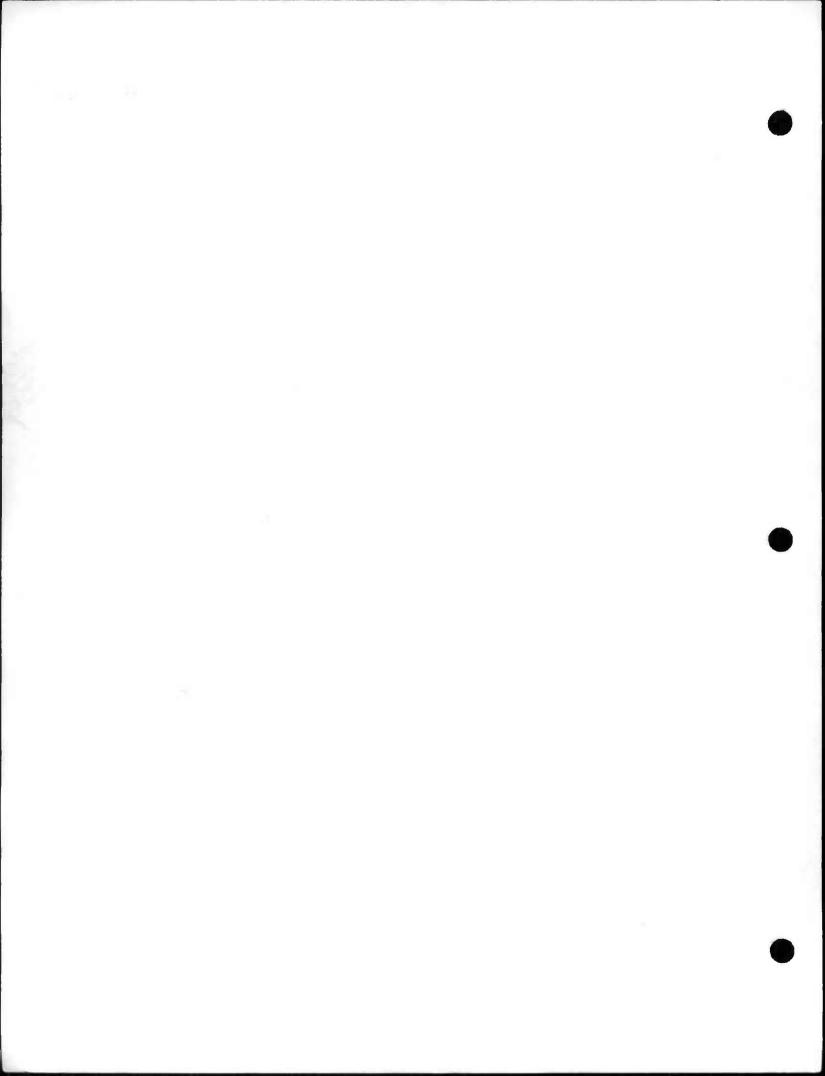
who Davidson Randoll

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RECORDS, F	w requires that the death of	been signed by the attending, of Health and Mental Hy	of contract of the contract of
AL RECORDS, F	he law requires that the death of	has been signed by the attending Doot, of Health and Mental Hy	o service near labour
VITAL RECORDS, P.O. BOX 13146,	IAN: The law requires that the death certificate be executed within 2x-3urs after death. Page 6 may be retained by the hospital or at	rificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use State Deot, of Heath and Mental Hypiens prior to burial, cremation, or removal.	- Liberton and desirate an addition and desirated a second data manifestal average mixed for analytical of assessment

		FOR STATE REGISTRAR	STATE OF N		DEPAR ERTIF					MENTAL	HYGIEN REG. NO.	E	90	28706	
		PAUL H. GII	BERT							MONTH			YEAR	TIME OF DEATH	
(I		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER		IF UNDER	r -	7. DATE	per 3. Des Birth Day, Year)			I:10 P. M	
. <u>p</u>		408-05-1316	1 M 2 F	69	YRS.	MONTHS	DAYS	HOURS	MIN.	Nov.	26,19		<u> renne</u>		
3 should	œ.	9e. FACILITY NAME (If not Institution, give str							ON OF DE	EATH		9c. COUNT	t gome		
1, 2,	ECTOR	Manor Care Poto RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	mac		140. 013		oma					11011		d. INSIDE CITY	
permit. Pages 1,	DIRE	Tennessee David	son		Nashville							LIMITS?			
it permi	FUNERAL	10e. STREET AND NUMBER					101.	ZIP COD				101		T COUNTRY?	
physician. burial-transit	UNE	209 Robin Hill Ro	12. WAS DECEDEN						OF HISPAN		? (Specify Yes		4. RACE —	American Indian,	
attending physician. se as the burial-tran	BY	1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 IF YES, GIVE W				YES	2 X NO	on, Mexice Specifi	on, Puerto F y:	licen, atc.)		Bleck, White, etc. Specify: White		
	ETED	15. DECEDENT'S EDUC (Specify only highest grade of	completed)	(0	ECEDENT'S Give kind of a. Do NOT u	work done			ng	16b.	KIND OF BU	SINESS/INDU	STRY		
spital led fo	APLI	Elamentary/Secondary (0-12)	College (1-4 or 5 +	1	lect	ro Pl	nysi	cist		Jo	hns H	opkins	s Uni	versity	
4 40	COMPL	17. FATHER'S NAME (First, Middle, Last)				•					fiddle, Maiden				
retained by 5 should be notified at	BE	Joseph Gilbert 190. INFORMANT'S NAME (Type/Print)	, Sr.	11	b. MAILING	ADDRES:	3 (Street e				nbaum		lode)		
	10	Joe Gilbert (br	other)	2	09 R	obin	Hil:	l Rd	., N	ashvi	11e,	Tenne	ssee	37205	
6 may ctor, pa		20a METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Remo 4 Donation 5 Other (Specify)	val from State	20b. PLACE other p	of DISPO			netery, crer	matory or			cation — ci hville		nnessee	
death. Page funeral direct.		21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	2	-				SS OF FA		Memoi	rial C	hane'	ls, Inc.	
after death. y the funeramoval.		· M).	140	m		11	70 R	lockv	ille	Pik	e; Roc	kvill	e. M	d. 20852	
ned within 2. Jours after completely filled in by the fial, cremation, or remova		23. PART I. Enter the diseases, or cahock, or heart failure. LIMMEDIATE CAUSE (Final disease or condition resulting in death)	list only ona cau		a.		tne mo	da or dy	ing, suc	n ss carc	lac or reap	iratory arre	nt,	Approximata Intarval Between Onset and Daath C months	
क विवि	NO	Sequantially list conditions,		(OR AS A CONSE	. LV	ceph	alon	ratt	Ty_						
sician prior t	CATION	If any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury		(01110110101010101010101010101010101010											
ding ding	RTIFI	that initiated evants resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE C	OF):									
deat deat ental	CEI	PART II. Other significant conditions		death but not	an audála a	In the su	a da alsalas		aluen in	Dord I	24a. WAS AN		T 0.05 110	ERE AUTOPSY FINDINGS	
that the led by the lith and Many Info	EDICAL	TAIT II. Ottal agrilloan Condition	- contributing to	daatii but not	resulting	m tha th	idanyin	y cause	Aison III	ratt I.	PERFO	RMED?	Al-	MILABLE PRIOR TO OMPLETION OF CAUSE	
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e law n has be Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL					28. Pt	ACE OF D	DEATH (C)	neck only or	e)				
AN: The tificate has state D	SICI	EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHE 4 P Nu	A:			8 🗆 Othe					
VG PHYSICIAN: The language ter this certificate has atth with the State Degmarked, or Item 23	Y PHY	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, E		28b. TII	ME OF JURY M		URY AT PRK? YES 2 [□ NO	28d. DES	CRIBE HOW	INJURY OCCI	JRED		
TENDII AI affer de 28 Is	ETED B	3 Suicide 8 Could not be 4 Homicide determined		OF INJURY — At h , etc. (Specify)	ome, farm,	atreat, fec	tory, offic	•			ATION (Street or Town, State		r Rural Rou	ie Number,	
NERAL OR AT NERAL DIRECTION TO PROPER THE TO PROPER THE TO PROPE THE TREE THE TREE THE TREE THE TREE THE TREE THE TREE THE TREE THE TREE TRE	COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINED												nd manner ee stated.	
TO THE HOSPITAL (TO THE FUNERAL C be filed within 72 h IMPORTANT: II II	BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Rosen	ND					C CV	MBER 040	٥			3, 1990	
20	10	30. NAME AND ADDRESS OF PERSON WHO MARK S. ROSEN, M.I	COMPLETED CAU				Whe								
		31. DATE FILED (Month, Day, Year) OCT 0 4 '90	32, REGISTR	AR'S SIGNATURE				- 521	,						
20		MARK S. ROSEN, M.I	32, REGISTR	AR'S SIGNATURE			Whe	aton	, Md	1. 20	906				
,			Y/	- 3	and the same										



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			EHIIF	ICALE	UF L	JEAIN	R	EG. NO.				
,	1. DECEDENT'S NAME (First, Middle, Last) DOROTHY		٧.			GT	LLER	2. DATE OF C MONTH SEPT.	MONTH DAY YEAR			3:00 P. M	
3	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs.	In at histherina	IF UNDER 1 Y		IF UNDER 24 HRS.	7. DATE OF B		, <u>+</u> .		ACE (State or Foreign	
N. W. S. S. S. S. S. S. S. S. S. S. S. S. S.	579-54-6127	1 M 2 XF	6. AGE (III yrs.			_	HOURS MIN.	(Month, Day	y, Year)	1911	Country)	GINIA	
5	9a. FACILITY NAME (If not institution, give at	reet and number)			9b. CITY, TO	WN OR	LOCATION OF DE	ATH		9c. COU	NTY OF DEA	ТН	
OR	11924 ANDREW	COURT			W	HEA	HEATON			1	OMERY		
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			1	Y, TOWN OR L							Od. INSIDE CITY	
DIRECTOR	MARYLAND 100. COOKIY	MONTGON	IERY	10c. CIT			ATON			_		LIMITS? YES 2 NO	
A I	10e. STREET AND NUMBER					101, 2	IP CODE			10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	11924 ANDREW	COURT					2090	2			USA		
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.	ARMEO			NDENT OF HISPAN			a or No— 14. RACE — American Indian, Black, White, atc.			
B								Specify:					
	15. DECEDENT'S EDUC		16a.		USUAL OCCU			16b. KIN	D OF BUS	SINESS/INC	DUSTRY		
<u> </u>	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT u	work done durii se retired.)	ng most	or working						
립	12			OMEMAI	KER								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					Т	18. MOTHER'S NA	ME (First, Middl	e, Maiden	Surname)			
	JAMES	MURPHY	7				AMY			LAWRI	ENCE		
BE	190. INFORMANT'S NAME (TyperPrint) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
임									20902				
	29s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town. S									ı, Steta			
	1- Burial 2 Cremation 3 Remarks 4 Donation 5 Other (Specify)	E OF I	IEAVEN	CE	METERY					G, MARYLAND			
1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	^		FRA	NE AND	S J. CO	CILITY	FIINE	RAT. I	HOME	TNC	
	senight.	200	John									MD 20901	
	23. PART I. Ental the diseases, or c shock, or heart fellure.	List only one car	use on each	ina.	^	3			or resp	Iratory ar	reat,	Approximsta interval Between Onset and Death	
	iMMEDIATE CAUSE (Final disease or condition resulting in death)		scard			La	ichin						
,		DUE 170	(OR AS A CON	SEOUENCE O	F):	U							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CON	SEOUENCE O	F):								
FIC	CAUSE (Disease or injury that initiated events	oue To	(OR AS A CON	SEOUENCE O	F):							+	
E	resulting in death) LAST	1.											
빙													
EDICAL	PART II. Other eignificant condition	e contributing to	death but no	ot resulting	in tha unda	rlying	cause given in	Part i. 24	PERFO	AUTOPSY	/	WERE AUTOPSY FINDINGS	
8								1(YES 2	NO		COMPLETION OF CAUSE OF DEATH?	
ME											1	YES 2 NO	
=													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	11067:7				26. PLA	CE OF DEATH (Ch	eck only one)					
Sic	1 TES 2 NO	HOSPITAL:	☐ ER/Outpatiani	3 🗆 DOA	OTHER:	g Home	5 Residence	6 Other (Sp	pecify)				
ξ	27, MANNER OF OEATH	28a. DATE O	F INJURY Day, Year)	28b. TIR	NE OF 28	Ic. INJU	RY AT	28d. OEŞCRI	BE HOW	NJURY OC	CURED		
BY F	1 Natural 5 Pending 2 Accident Investigation	(month)	suy, rour,				S 2 NO						
	3 Suicide 8 Could not be	28 PLACE (OF INJURY — At	home, farm,	street, factory	, office		28f. LOCATIO	ON (Street	and Numbe	or or Rural Ro	ute Number,	
Ē	4 Homicide detarmined	1/1	atta (opocity)					Only or A	JAVII, GIERO,				
۳	29a. CERTIFIER 1 CERTIFYING PAYE	CIAN Santy bear o	f my knowledge	death occur	red at the time	. data a	nd place, and due	to the cause/s	a) and ma	nner sa str	rted.	<u> </u>	
Suicide a Could not be determined by siding, stc. (Specify) 29a. CERTIFIER (Check only or row) 29a. CERTIFIER (Check only or row) 2 MEDICAL STAUMEN ON 15 transport of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									and manner se stated.				
	29b. SIGNATURE AND TITLE OF CENTIFIE	$I_{I} = I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_{I} I_$	1.00				29g. LICENSE NUI	MBER		29d, DA	TE SIGNED (Month, Day, Year)	
3 BE		JUVI	(IVU)			h	D1649	75		•	9/26/	90	
5	30. NAME AND ADDRESS OF PERSON WHO	M A	4701		o, Print) OL714	Ri	Roc	Kville	1	12	20855	-	
	31. DATE FILED (Morith, Day, Year)	7 4	AR'S SIGNATUR		00						_		
	SEP 27 '90	gun	a Davidso	n-Nand	علالم								

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2—ours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-tran be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	4 DEGEDENTIS NAME (C)	A Alabatta A Al			**								
,	MONTH DAY YEAR								3. TIME OF DEATH				
							7	20	-				
- 1	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs.	lest birthday)	MONTHS	DAYS	IF UNDER	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Countr	IPLACE (State or Foreign y)
	219-16-00	57	1 ☐ M 2 🔀 F	64	YRS.	MONTHS	DATS	* HOURS MIN. 12-26-25					apolis,MD
	9a. FACILITY NAME (If not in	stitution, give st	reet end number)			9b. CIT	Y, TOWN	OR LOCATI	ION OF DE	ATH	9c. COU	INTY OF D	~
œ	Anne Aru	ndel	Medical	Cent	er	Ann	apo	lis			Anr	ne A	rundel
읝	RESIDENCE OF DEC										1 11111	10 11	Lanaci
Ĭ I	10e. STATE	10b. COUNTY	,		10c. CIT	Y, TOWN	OR LOCA	TION					10d, INSIDE CITY LIMITS?
DIRECTOR	MD	Anne	Arunde	:1	Ar	nnap	oli	s					1 YES 2 X NO
	10e. STREET AND NUMBER					~	_	f. ZIP COD	Œ		10g. CIT	IZEN OF V	VHAT COUNTRY?
7	158 Defe	nse	Highway	,				2140	1		Г	JSA	
FUNERAL	11. MARITAL STATUS	1	12. WAS DECEDEN		ADMED	1 40				NIC ORIGIN? (Specify Ye			- American Indian,
3	1 Never Merried 2	Merried	FORCES?	YES X	XNO	13.	If yee, sp	ecify Cubi	en, Mexice	n, Puerto Rican, etc.)	or No-	Bleck	k, Whita, etc.
B	3℃Widowed 4 □ Dive		IF YES, GIVE	MAR OR DATES			1 TYES	M X X	Specify	y:		Speci	White
	45 DEC	EDENT'S EDUC	CATION	40.	DECEDENTIS	1	COMBITI	201		16b, KIND OF BU	0111500 (111	DUIGTON	111111111111111111111111111111111111111
1		y highest grade		100	(Give kind of Ilfe. Do NOT u	work done	during me	ost of work	ing	160. KIND OF BU	SINESS/IN	UUSIRT	
"	Elementary/Secondary (0-12)	College (1-4 or 5	+) R	ookke					Davin	+	_	
물					OOKKE	cpe	_			Prin		3	
COMPLETED	17. FATHER'S NAME (First, M Herbert		110 Da	ت د د آر						ME (First, Middle, Maiden			
BE (TIG KOM	Tana				Ma	agel	ine Scib	Te M	Vill:	lams
	19a. INFORMANT'S NAME (Type/Print)	1	_						Route Number, City or Tox			
임	Charles	J. GO	enring	Jr.	158	Def	ens	e Hi	ighw	ay, Anna	poli	s,M	D 21401
	200. METHOD OF DISPOSIT		72 72		CE OF DISPO	SITION (N	leme of ce	metery, cre	metory or	20c. LC	CATION -	City or To	own, Stata
	1 Suriel 2 Crematic		oval from State		er place) 11cre	a+	C 0	ma+a		70			W.D.
1	21. SIGNATURE OF FUNGEV		ENGE	111	TICLE	22	. NAME A	ND ADDRE	ESS OF FA	CILITY	apor	is,	MD
	. /.	11	11.1	///		Н	ard	estv	7 F11	neral Ho	me F	Σ	
	- an	1 1	way	1		1	2 R	idae	lv_	Avenue	Anna	nol.	ic MD
	23. PART i. Enter the d					not ante	r the me	ode of dy	ylng, suc	ch aa cerdiac or reap	Iratory a	rreat,	Approximate
	immediate cause (Fi		List only one ce										Onset and Death
	disease or condition (englace) hamacahaes							360					
	resulting in deetin)												
~ 1	TPA autico agulation 36°								1 36				
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF):												
A	cause. Enter UNDERLY			au	ite	n	1100	ar	11	al my	ers e	Tun	: 360
윤	CAUSE (Disease or injuthat initiated events	ury	CDUE TO	OR AS A CON	SEQUENCE C	OF):	900		ou	a org			
EI	resulting in death) LAS	ST T											
8			d										
<u> </u>	PART II. Other eignific	ant condition	a contributing to	death but n	ot resulting	in the u	nderlylr	g ceuse	given in	Part i. 24s. WAS AI	AUTOPSY	24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
AEDICAL	COPD									1 TYES	6		COMPLETION OF CAUSE
	Chur	1.1.	872 wi	d							7		OF DEATH? 1 YES 2 NO
	0,000		01.000.							—			I LI IES Z LINO
PHYSICIAN:	25. WAS CASE REFERRED	DO MEDIO:						1.00	DE ATTO	1			
5	EXAMINER?	IO MEDICAL	HOSPITAL:			ОТНЕ		LACE OF	DEATH (C)	heck only one)			
YS	1 TYES 2 NO		1 Inpetient 2			4 🗆 Nu	ursing Ho		Reeldence	8 Other (Specify)			
품	27. MANNER OF DEATH	eneman and	28a. DATE O (Month,	F INJURY Day, Year)	28b. TII	ME OF		JURY AT ORK?		28d. DESCRIBE HOW	INJURY O	CCURED	
BY	1 Natural 5 2 Accident	Pending Investigation	7	-0.902		M	1 🗆	YES 2	□ NO				
	a D autitio	Could not be	28e. PLACE	OF INJURY — /	At home, farm,	atreet, fa	ctory, offi	ce		281. LOCATION (Street City or Town, State		er or Rural	Route Number,
回	4 Homicide	determined		, oral (opcomy)						Oily or jown, olaic	,		
9	290. CERTIFIER	TIEVING PHYS	ICIAN: To the heet o	d my knowledo	a deeth occur	read at the	time det	a and place	a and du	e to the ceuse(e) end me	nner ee et	eted	
COMPLETED	(Orlock Olly												e) end menner as stated.
8				/ I I I I I I I I I I I I I I I I I I I		, in my	эриноп,						
BE (296. SIGNATURE AND TITL	E OF CENTIFIE	20	176					CENSE NU				(Month, Day, Year)
	nous		Mul	(N)					036	082		10	10/90
2	30. NAME AND ADDRESS	F PERSON WH	O COMPLETED CA	JSE OF DEATH	(ITEM 27) (Typ	e, Print)							
	31. DATE FILED (Month, Day	; Year)	33 REGISTR	AR'S SIGNATUI	RE .								
	OCT 1	1 199	1 Julie S	widson-1	andell	•							
_		100	- 0		-								DHMH-18 Rev 1/89

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Pages 1, 2, 3 should

						50 6	20103		
	FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT ERTIFICATE		MENTAL HYGIEN	_			
	1. DECEDENT'S NAME (First, Middle, Last)	earl Gu	thrie		2. DATE OF DEATH	学学	3. TIME OF DEATH 12:35 PM		
	0.0 11 111111	SEX 6. AGE (In yrs. lest		YEAR IF UNDER 24 HRS. DAYS HOURG MIN.	7. DATE OF BIRTH (Month, Day, Year)	12 8.81	THPLACE (State or Foreign unity)		
TOR	98. FACILITY NAME (If not institution, give stree Alleghmy County RESIDENCE OF DECEDENT	Nuksing Hom		MBRRLIAN		PC. COUNTY OF	egany		
DIRECTOR	10a. STATE 10b. COUNTY Maryland Garre	2++	10c. CITY, TOWN OF	tsville,	10d. INSIDE CITY LIMITS? 1 YES 2 XNO				
	10e. STREET AND NUMBER Route 1, Box 258		or un	101. ZIP CODE 21536		100	F WHAT COUNTRY?		
BY FUNERAL		O 2. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 YEN IF YES, GIVE WAR OR DATES	0 11	AS DECENDENT OF HISPAN yes, specify Cuban, Mexica YES XXNO Specify	n, Puerto Ricen, etc.)		ACE — American Indian, lack, Whita, etc.		
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12) 8 th	(Gh College (1-4 or 8 +)	CEDENT'S USUAL OCC ve kind of work done do Do NOT use retired.)	CUPATION ring most of working	16b, KIND OF BU	SINESS/INDUSTR	Υ		
BE COM	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surneme) Frank Sisler JUlie Metheny								
5	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Rt. 3, Box 23; Bruceton Mills, WV 26525								
	20a METHOD OF DISPOSITION 1 🔀 Burlal 2 □ Cremetion 3 □ Remove 4 □ Donation 5 □ Other (Specify)	of from State 20b. PLACE Cother pla	of disposition (Name) y Grove	e of cometery, cremetory or Cemetery		ndonvi	Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	Deuman	N	AME AND ADDRESS OF FA EWMan Func rantsville	eral Home		١.		
	23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such ea cerdiec or reepiratory arrest, abock, or heart feilure. Liet only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)								
CERTIFICATION	Sequentielly list conditione, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO THE AS A CONSEQUENCE TO THE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQUENCE TO THE AS A CONSEQU		ent He	ulune				
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions	contributing to deeth but not re	esulting in the un	erlying quee given in		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIAN		HOSPITAL:	DOA 4 Nurs	26. PLACE OF DEATH (Ch					
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE				
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At her building, etc. (Specify)	me, farm, street, facto	ry, office	28f. LOCATION (Street City or Town, State	end Number or Ru	rel Route Number,		
COMPLETED	cool	AN: To the best of my knowledge, de On the besis of examination and/or i					se(a) and manner as stated.		
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (10 4) 297. LICENSE NUMBER 298. DATE SIGNED (10 4) 298. DATE SIGNED (10 4) 298. DATE SIGNED (10 4) 298. DATE SIGNED (10 4) 299. DATE SIGNED (10 5) 299. DATE SIGNED (10 5) 290. DATE SIGNED (10 5) 290. DATE SIGNED (10 5) 290. DATE SIGNED (10 5) 290. DATE SIGNED (10 5) 290. DATE SIGNED (10 5) 290. DATE SIGNED (10 5) 290. DATE SIGNED (10 5) 290. DATE SIGNED (10 5) 290. DATE SIGNED (10 5) 290. DATE SIGNED (10 5) 290. DATE SIGNED (10 5) 290. DATE SIGNED (10 5) 290. DATE SIGNED (10 5) 290. DATE SIGNED (10 5) 290. DATE SIGNED (10 5) 290. DATE SIGNED (10 5) 290. DATE SIGNED (10 5) 290. DATE SIGNED (10 5) 290. DATE SIGNED (10 5) 290. DATE SIGNED (10 5) 290. DATE SIGNED (10 5) 290. DATE SIGNED (10 5) 290. DATE SIGNED (10 5) 290. DATE SIGNED (10 5) 290. DATE SIGNED (10 5) 290. DATE SIGNED (10 5) 290. DATE SIGNED (10 5) 290. DATE SIGNED (10 5) 290. DATE SIGNED (10 5) 290. DATE SIGNED (10 5) 290. DATE SIGNED (10 5) 290. DATE SIGNED (10 5) 290. DATE SIGNED (10 5) 290. DATE SIGNED (10 5) 290. DATE SIGNED (10 5) 290. DATE SIGNED (10 5) 290. DATE SIGNED (10 5) 290. DATE SIGNED (10 5) 290. DATE SIGNED (10 5) 290. DATE SIGNED (10 5) 290. DATE SIGNED (10 5) 290. DATE SIGNED (10 5) 290. DATE SIGNED (10 5) 290. DATE SIGNED (10 5) 290. DATE SIGNED (10 5) 290. DATE SIGNED (10 5) 290. DATE SIGNED (10 5) 290. DATE SIGNED (290. DATE SIGNED (290. DATE SIGNED (290. DATE SIGNED (290. DATE SIGNED (290. DATE SIGNED (290. DATE SIGNED (290. DATE SIGNED (290. DATE SIGNED (290. DATE SIGNED (290. DATE SIGNED (290. DATE SIGNED (290. DATE SIGNED (290. DATE SIGNED (290. DATE SIGNED (290. DATE SIGNED (290. DATE SIGNED (290. DATE SIGNED (290. DATE SIGNED (290. DATE SIGNED (290. DATE SIGNED (290. DATE SIGNED (290. DATE SIGNED (290. DATE SIGNED (290.						NED (Month, Day, Year)			
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH /ITEL	M 27) (Time Driet)						

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5, BALTIMORE, MARYLAND 21203-314, within 24 nours after death. Page 6 may be retained by the hospital or attending ph	4	듄
BALTIMORE, ifthin 24 nours after death. Page 6 may b	203-31	or attending
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DIVISION OF VITAL RECORDS, P.O. BOX 1314

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the madical examiner must be notified at once.

30. NAME ... 83/7 31. DATE FILED (Mont

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

CHEKR

05 90

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			ENTAL HYGIEN REG. NO	1	28/10
,	1. DECEOENT'S NAME (First, Middle, Last) Rose	Marie	Gaffney		2	DATE OF DEATH	2 90	3. TIME OF DEATH 3.15 PM
	011 00 0057	5. SEX 6. AGE		UNDER 1 YEAR NTHS DAYS	HOURS MIN.	Month, Day, Year)	916 P	BIRTHPLACE (State or Foreign Country) ennsylvania
OR	9a. FACILITY NAME (If not institution, give stre Greater Laurel Be	· ·		Laurel	R LOCATION OF GEAT	H	9c. COUNTY Prince	of OEATH e George's
IRECT	nesidence of decedent 10m. state 10b. county Maryland Prince	e George's		own on Locati estvill		10d. INSIDE CITY LIMITS? 1 YES 2X NO		
FUNERAL DIRECTOR	10e. STREET AND NUMBER 3207 Orleans Aven		101		ZIP CODE 20747		10g. CITIZEN	OF WHAT COUNTRY?
BY		12. WAS DECEDENT EVER IF FORCES? 1 1 YES	2 NO	If yes, spe	ENDENT OF HISPANIC city Cuban, Maxican, I 2X X NO Specify:	RACE — American Indian, Black, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S EDUCI (Specify only highest grade of Elementary/Secondary (0-12)		16a. DECEDENT'S USI (Give kind of work life. Do NOT use re Homemak	done during mos tired.)	N It of working	16b. KIND OF BU	ISINESS/INDUS	TRY
CON	17. FATHER'S NAME (First, Middle, Last)	77			18. MOTHER'S NAME		Surname)	
TO BE	Michael Joseph Kurek 190. INFORMANT'S NAME (Type/Print) Peter M. Gaffney 190. MALLING ADDRESS (Street and No. 3207 Orleans A					Belko uto Numbor, City,or, To orestvill	vn, State, Zio Co .e , Md .	^{del} 20747
	20a. METHOD OF DISPOSITION 1 XI Burlal 2 Cremation 3 Ramoval from State 4 Donetion 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of certain place) Queen of Heaven				elery, crematory or Cemetery	Pet	ers To	or Town, Stata Wnship, Penna.
	· Heregel	Pkale	1)	Geor 6160	ge P. Kal Oxon Hil	las Funer 11 Rd. Ox	al Homon	e 1, Maryland
	23. PART I. Enter the disples, or conshock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	list only one cause on e	each line. te Rena		7	as cardiac or reap	oiretory arrest	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							
CERT	resulting in dasth) LAST							
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PERFORMED? AMILABLE COMPLETI						24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ACE OF OEATH (Check			
	27. MANNER OF DEATH 1 Netural 5 Pending						INJURY OCCUP	REO
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, ferm, stre-	et, factory, office	1	28f. LOCATION (Street City or Town, State	and Number or	Rural Route Number,
COMPLETED	one)	CIAN: To the best of my known						ause(a) and manner as stated,
296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIG							cober 3, 1990	

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٤ 32. ABBISTRAR'S SIGNATURE JUNIO DE SIGNATURE JUNIO DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIGNATURE DE SIG MD 20707

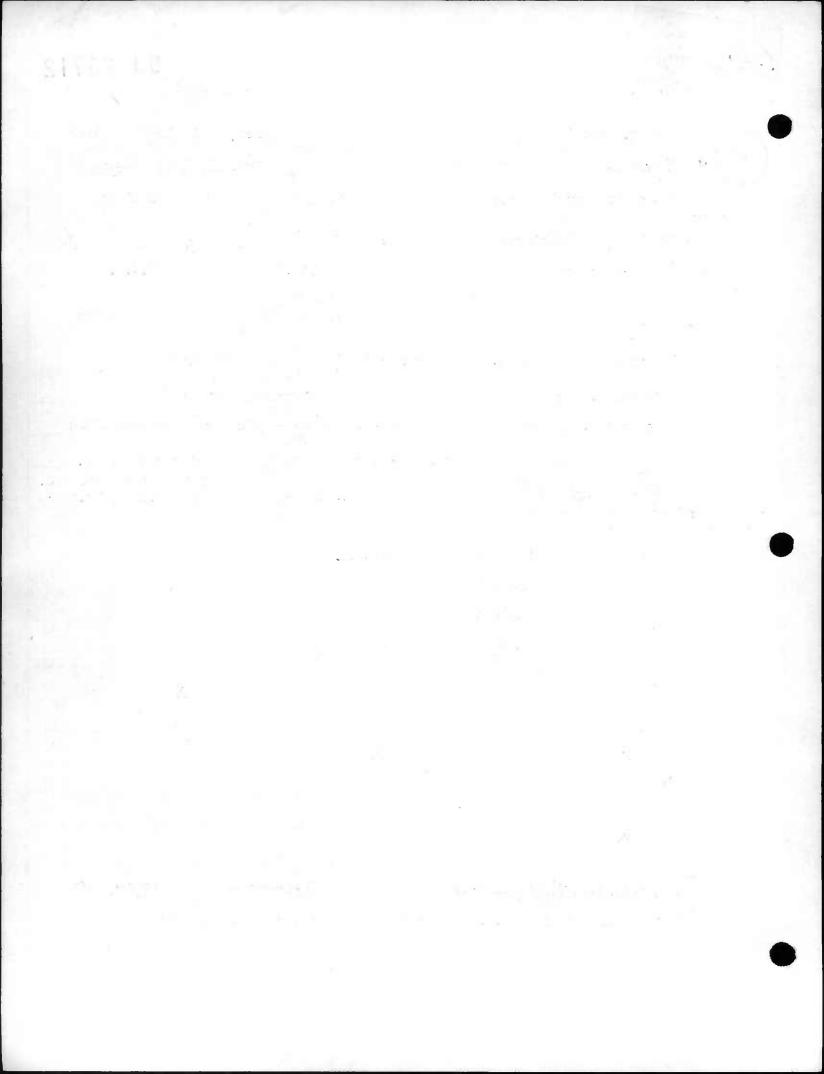
FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE OF D	EATH	REG. NO).				
1. DECEDENT'S NAME (First, Middle, Las					2. DATE OF DEATH	t Sin	3. TIME OF DEATH			
CArrie (22008				9 38	SY GEAR	658			
4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	UNDER 1 YEAR	F UNDER 24 HRS.	7. DATE OF BIRTH		HPLACE (State of Foreign			
215-38-3089	1 🗆 M 2 🕞 F	62 YRS. MO	NTHE DAYS H	OURS MIN.	(Month, Day, Year) April 28	1928 Mar	vland			
9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 7622 Oxman Road Palmer Park Prince George RESIDENCE OF DECEDENT										
10a. STATE 10b. COUN	nce George		own on Location	1			10d. INSIDE CITY LIMITS? YES 2 \(\text{NO} \) NO			
100. STREET AND NUMBER 7622 Oxman Road			101. 21	20785		10g. CITIZEN OF United	WHAT COUNTRY?			
11. MARITAL STATUS 1 Never Married 2 Married Widowed 4 Divorced	12. WAS OECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR OF	S 2 NO	13. WAS DECENI If yes, specifi 1 YES 2	DENT OF HISPAR by Cuban, Maxica Maxica Maxica Maxica Specifi	IIC ORIGIN? (Specify Yen, Puarto Rican, etc.)	Spe	CE — American Indian, ck, White, etc.			
15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	OUCATION de completed) College (1-4 or 5 +)		done during most of tired.)			SINESS/INOUSTRY	DIACK			
17. FATHER'S NAME (First, Middle, Last)		Maintena			ME (First, Middle, Malden	Surname)				
James Henry Pinkr	ev			Fd.	ith Harris	on				
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and		Route Number, City or Tox					
James Gross		7622 00	man Doso	Dalm	or Dark M	San I mad	20705			
20a. METHOD OF DISPOSITION		20b. PLACE OF DISPOSITI	ON (Name of comet	ery, crematory or	20c. LC	CATION - City or	Town, Stata			
1XXBuriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	Harmony Mer				dover, M	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s			
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	1 1			CHITY .T PT.	onking F	uneral Hom			
() July	(4 /m	ale	7474 La	ndover	Rd. Lando	ver, Mar	yland 2078			
shock, or heart failure. List only ofe cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):										
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or Injury c										
CAUSE (Discess or injury that initiated events resulting in death) LAST										
PART II. Other significant conditi	ons contributing to deat	h but not resulting in t	the underlying o	ause alven in	Part I. 24s. WAS AF	ALITTOPRY 2	Ib. WERE AUTOPSY FINDIN			
Hypertensin			and distance of the second	Super given in		RMED?	AMULABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	1 =		E OF DEATH (Ch	eck only one)					
1 YES 2 NO	1 Inpatient 2 ER/O		THER: Nursing Home	5 Residence	8 Other (Specify)					
27. MANNER OF DEATH 1 1 Natural 5 Pending	28a. DATE OF INJUI (Month, Day, Yea		Y WORK	Y AT	28d. DESCRIBE HOW	INJURY OCCURED				
2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Rose City or Town, State)										
(Oraca)	YSICIAN: To the best of my ku						o(a) and manner as state			
29b. SIGNATURE AND TITLE OF CERTIF	TER		1 2	9c, LICENSE NU	MBER	29d. DATE SIGNI	ED (Month, Day, Year)			
1.111.	1111			D35 Z			TSO			
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF	OEATH (ITEM 27) (Type, Pr	int)				1 10			
31. DATE FILED (Month, Day, Year)	ANNER MO.	ITO1	Livingst	M KD	Ft. WASA	while	W5			
net 0 3 '90	Filia Davidoo	n-Admoster								

LIVES DE

	1 - STATE REGISTRAR	STATE OF MARYI		CATE OF			REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) Ann I. Gartlin	σ.				2. DATE OF MONTH	3 1990	year 3. TIME 0	
	4. SOCIAL SECURITY NUMBER	<u> </u>	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNOER 24 HRS.	7. DATE OF	BIRTH	I. BIRTHPLACE (Sta	
)	217-46-0166	1 🗌 M 2 🔀 F	86 YRS.	MONTHS DAYS	HOURS MIN.	Jan.		Marylan	d
	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF DE	ATH		Y OF DEATH	
TOR	Manor Care Nurs	ing Home		Tow	son		Bai	ltimore	
DIRECTO	10e. STATE 10b. COUNT	Υ	10c. CITY,	TOWN OR LOCA	TION			10d. INSK	
		ltimore	Co	ckeysvi	.11e				2 NO
FUNERAL	100. STREET AND NUMBER Falls Roa	ے		10	21093			S.A.	TRY?
JNE	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DEC		VIC ORIGIN?		4. RACE Americ	an Indian
ВУ	1 Never Merried 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	2X NO	If yes, sp	ecify Cuban, Mexica 2 XNO Specifi	n, Puerto Ric		Black, White, et Specify: Whit	2.
9	15. DECEDENT'S EDU (Specify only highest grad	JCATION e completed)	16a. DECEDENT'S U	ork done during mo	ON ost of working	16b. K	IND OF BUSINESS/INDU	STRY	
COMPLET	Elamentary/Secondary (0-12)	College (1-4 or 5 +)	House	retired.)			In the hom	0	
OM	- 12 -	- 0 -	nouse	WILE	18. MOTHER'S NA		idle, Maiden Surname)		
ш	Samuel S. Bur	nham			Mary				
TO B	19a, INFORMANT'S NAME (Type/Print)				and Number or Rural	Route Number	City or Town, State, Zip C		
-	Frances C. Mi					Balti	more, Mary		04
	20s. METHOD OF DISPOSITION XX Burlal 2 Cremetion 3 Ren	noval from State	other place)		metery, crematory or		20c. LOCATION — C		
	4 Donation 5 Other (Specify)		Grace Cem		ND ADDRESS OF FA	CILITY	Reisters		
	* Kams B	Of:		Elde o	E 1	77	11824 Re:		
CERTIFICATION	Sequantially list conditions, if any, laading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	b. CHE DUE TO (OR AS C. DUE TO (OR AS	A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF):					
	PART II. Other significant condition	٦١			ig cause given in		24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUT AMILABLI COMPLET	PRIOR TO
CAL						— I	1 TYES 2 NO	OF DEATH	
MEDICAL						_	, ,	1 TYES	
	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (C)	neck only one)		1 TYES	?
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	itpetient 3 DOA	OTHER:	LACE OF DEATH (C)			1 🗌 YES	?
PHYSICIAN: MEDICAL	EXAMINER? 1 YES 2 PO 27. MANNER OF DEATH		28b, TIME	OTHER: 4 Nursing Hor E OF 28c. IN. URY	ne 5 Residence JURY AT ORK?	6 🗆 Other (?
	EXAMINER? 1 YES 2 DO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	1 Inpatient 2 ER/Ou 26a. DATE OF INJURY (Month, Day, Year)	28b, TIME	OTHER: 4 Nursing Hor E OF 28c. IN. WHY M 1	ne 5 Residence JURY AT ORK? YES 2 NO	6 Other (Specify) RIBE HOW INJURY OCC	URED	? 2
BY PHYSICIAN:	EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OTHER: 4 Nursing Hor E OF 28c. IN. WHY M 1	ne 5 Residence JURY AT ORK? YES 2 NO	6 Other (Specify)	URED	? 2
BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only)	1 Dinpatient 2 DER/Ou 26a. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJUR building, stc. (Sp.	28b. TiME INJECT OF ALL home, farm, secify)	OTHER: 4 Nursing Hor E OF 28c. IN URY W 1 1 street, factory, officed at the time, date	me 5 Residence JURY AT ORK? YES 2 NO	6 Other (28d, DESC 26f, LOCAT City or	Specify) RIBE HOW INJURY OCCI FION (Street and Number of Town, State)	URED or Rural Route Numb.	? 2 NO
COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only)	26a. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY building, stc. (Sp SICIAN: To the best of my kno	28b. TiME INJECT OF ALL home, farm, secify)	OTHER: 4 Nursing Hor E OF 28c. IN URY W 1 1 street, factory, officed at the time, date	me 5 Residence JURY AT ORK? YES 2 NO	6 Other (28d, DESC 26f, LOCAT City or	Specify) RIBE HOW INJURY OCCI TION (Street and Number of Town, Stete) (e) and menner as state and place, and dua to the	URED or Rural Route Numb d. cause(e) and men	? 2 NO
BE COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only One) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFI	26a. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY building, stc. (Sp SICIAN: To the best of my kno	28b. TiME INJE TY — At home, farm, s eccity) weedige, dasth occurre ion end/or investigation	OTHER: 4 Nursing Hor E OF 28c. IN URY W 1 1 street, factory, officed at the time, date	ne 5 Residence JURY AT ORK? YES 2 NO ce a and place, and dud dasth occured at the	6 Other (28d, DESC 28f, LOCAT City or s to the cause time, data a	Specify) RIBE HOW INJURY OCCI TION (Street and Number of Town, Stete) s(e) and menner as state and place, and dua to the 29d. DATE	URED or Rural Route Numb.	? 2 NO NO
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BE COMPLETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER N. P. C. C. C. C. C. C. C. C. C. C. C. C. C.	26a. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY (Month, Day, Year)	28b. Tilet INJI RY — At home, farm, secily) weede, death occurre ion end/or investigation DEATH (ITEM 27) (Type, 500 Main	Nursing Hor 28c. IN. WW 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY M 1 URY	ne 5 Residence JURY AT ORK? YES 2 NO ce a and place, and dud dasth occured at the	6 Other (28d, DESC 26f, LOCAT City or a to the cause time, data a	RIBE HOW INJURY OCCI TON (Street and Number of Town, Stete) s(e) and menner as state and place, and dua to the	d. signed (Month, Do	? 2 N



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	YEAR	3. TIME O	OF DEAT	TH M	
	1990	12	- 36	A	_
2	8. BIRTH Coupt	PLACE (SI	ate or Fo	oreign	
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN	E 9	0 28713	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
	WILHELMT	NA G. C	GRANIGAN					90 12.36 A M	
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	F 8. 1	BIRTHPLACE (State or Foreign Country)	
	214-07-2236	1 □ M XX F 78	YRS.			(Month, Day, Year) 09-01-191			
œ	9m. FACILITY NAME (if not institution, give Memorial Hospit	al			R LOCATION OF DE	ATH	9c. COUNTY		
6	RESIDENCE OF DECEDENT			CUMBER	LAND		ALLE	GANI	
DIRECTOR	10s. STATE 10b. COUNT			Y, TOWN OR LOCAT	TON			10d. INSIDE CITY LIMITS?	
	MD Allega	any	Cum	berland	. ZIP CODE		XX YES		
FUNERAL	604 Wellington	Lane			1502		USA	OF WHAT COUNTRY?	
<u>N</u>	11. MARITAL STATUS	12. WAS DECEDENT EVER II FORCES? 1 YES	N U.S. ARMED			IIC ORIGIN? (Specify Yea	or No — 14.	RACE — American Indian, Black, White, etc.	
BYF	1 Never Married 2 Married 3XXWidowed 4 Divorced	IF YES, GIVE WAR OR D		1 TYES	NO Specify	n, Puarlo Rican, stc.)		Specify: ite	
	15. DECEDENT'S EDI	UCATION	16a. DECEDENT'S	USUAL OCCUPATION	DN .	16b. KIND OF BUS	INFSS/INDUST		
COMPLETED	(Specify only highest grad		(Give kind of w life. Do NOT us	vork done during mo se retired.)	st of working				
린	Elementary/Secondary (0-12)	1000	down t	wist de	pt.	texti	.le		
8	17. FATHER'S NAME (First, Middle, Last) William N. Hous	10				ME (First, Middle, Maiden			
BE						tta Robert			
2	19a. INFORMANT'S NAME (Typo/Print) Mr. Charles L.	Granigan, Jr	. 416 Je	enne Dri	nd Number or Rural F Ve Pitts!	Poute Number, City or Town	n, State, Zip Coi 15236	de)	
	29. METHOD OF DISPOSITION					20c. LO	CATION — City	or Town, State	
	1 Buriet 2 Cremetion 3 Rar 4 Donation 5 Other (Specify)	noval from State	b. place of dispos Rosedale	Funeral	Chapel	Mar	tinsbu	rg, WV	
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	11.	22 NAME AI	OPLIT FUI	neral Home			
	Vanes 7	X/Carp	1/6	Cumb	erland, N	MD 21502			
	23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. DUE TO ON AS AS	each lina.				ratory arrest	, Approximate interval Between Onset and Death	
z	Convention line and delega	b	-CITT-045-014						
CERTIFICATION	Sequentially list conditions, if any, laading to immediata ceuse. Entar UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF	F):					
FIC	CAUSE (Disease or injury that initiated events	cDUE TO (DR AS	A CONSEQUENCE OF	F):				<u> </u>	
E	reaulting in death) LAST	d							
	PART II. Other significant condition	one contributing to death (but not resulting	In the underlyin	a cause alven in	Part I. 24s. WAS AN	AUTOPSV	24b. WERE AUTOPSY FINDINGS	
SAL	chronic				Dyga		MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE	
)	2000	1 D YES 2	MANO.	OF DEATH?	
2					· <u>-</u>	_			
M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	ноорита			LACE OF DEATH (Ch	eck only one)			
VSIC	1 ☐ YES 2 ☑ NO	HOSPITAL: 1 □ Inpatient 2 ☑ ER/Out	petient 3 🗆 DOA	OTHER: 4 Nursing Horn	ne 8 🗆 Residence	8 Other (Specify)			
PHYSICIAN: MEDIC	27. MANNER OF DEATH 1 Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIM	JURY WO	JURY AT DRK?	28d. DESCRIBE HOW I	NJURY OCCUR	RED	
B≼	2 Accident Investigation	28s. PLACE OF INJURY	V At home feem		YES 2 NO	281. LOCATION (Street	and Number or	Dural Bouts Number	
	3 Suicide a Could not be 4 Homicide determined	building, etc. (Spe	r — At nome, term, s	street, ractory, ome		City or Town, State)	and number or	nural houte number,	
City or Town, State) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of sxamination and/or investigation, in my opinion, dash occured at the time, data and place, and dua to the cause(a) and dua to the cause(a) and dua to the cause(a) and dua to the cause(a) and dua to the cause(a) and dua to the cause(a) and dua to the cause(a) and dua to the cause(a) and dua to the cause(a) and dua to the cause(a) and dua to the cause(a) and dua to the cause(a) and dua to the cause(a) and dua to the cause(a) and dua to the cause(a) and dua to the cause(b) and dua to the cause(b) and dual to the cause(b) and dual to the cause(b) and dual to the cause(b) and dual to the cause(b) and dual to the cause(b) and dual to the cause(b) and dual to the cause(b) and dual to the cause(b) and dual to the cause(b) and dual to the cause(b) and dual to the cause(c) and dual to the cause(c) and dual to the cause(c) and dual to the cause(c) and dual to the cause(c) and dual to the cause(c) and dual to the cause(c) and dual to the cause(c) and dual to the cause(c) and dual to the cause(c) and dual to the cause(c) and dual to the cause(c) and dual to the cause(c) and dual to the cause(c) and dual to the cause(c) and dual to the cause(c) and dual to the cause(c) and dual to the cause(c) and dual to the cause(c) and dual to the cause(c) and dual to the cause(c) and dual to the cause(c) and dual to the cause(c) and dual to the cause(c) and dual to the cause(c) and dual to the cause(c) and dual to the cause(c) and dual to the cause(c) and dual to the cause(c) and dual to the cause(c) and dual to the cause(c) and dual to the cause(c) and dual to the cause(c) and dual to the cause(c) and dual to the cause(c) and dual to the cause(c) and dual to the cause(c) and dual to the cause(c) and dual to the cause(c) and dual to the cause(c) and dual to the cause(c) and dual to the cause(c) and dual to the cause(c) and dual to the cause(c) and dual to the cause(c) and dual to the cause(c) and dual to the cause(c) and dual to the cause(c) and du									
NO.	(ondon only	NER: On the basis of axamination						ause(s) and manner as stated.	
BE C	29b. SIGNATURE AND TITLE OF CERTIFI	ER			29c, LICENSE NUI	MBER	29d. DATE S	IGNED (Monthy Day, Year)	
10 B	Mark	Nag	us		D35	181	12	17/90	
F	30. NAME AND ADDRESS OF PERSON W DR.MARK SAGIN/N				ENUE/CUM	BERLAND, MD	. 2150)2	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN							

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

10

1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH
LLEWELLYN E. GROVE October 8, 1990 1:20P							1:20P M				
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (n yrs. last birthday)		DER 1 YEA	_	24 HRS.	18. 7. DATE OF BIRTH 6. BIRTHPL			HPLACE (State or Foreign
213 22 2633	22 2633 1 MXX F 83 YRS. MONTHS DAYS HOURS MIN. (MONTH, Day, Year) Country) MD										
9e. FACILITY NAME (If not institution, give st	reet and number)			9b. C	ITY, TOW	N OR LOCAT	ON OF DE	ATH	9c. COU	INTY OF E	DEATH
Memorial Hospital & Medical Center Cumberland Allegany								У			
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	,		10c. CI	ry, row	N OR LO	CATION					10d. INSIDE CITY
MD Allegar	LIMITS?										
106. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?											
132 Bel Air Drive 21502 USA											
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RACE — American Indian, Black, White, atc. 15. Marriad XX Marriad Marriad Marriad Marriad FORCES? 16. Marriad XX Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Marriad Mar											
1 Never Merried XX Merried 3 Widowed 4 Divorced	IF YES, GIVE	MAR OR DA	TES TES			/ESZZ NO				Spec	
15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)		16a. DECEDENT'S	work do	one during	ATION most of work	ng	16b. KIND OF BU	SINESS/IN	DUSTRY	
Elementery/Secondery (0-12)	College (1-4 or 5	+)	housew					own h	ome		
17. FATHER'B NAME (First, Middle, Last)						16. MOT	HER'S NA	ME (First, Middle, Malden	Sumeme)		
Jasper G. Enlow								et Loudern			
19a. INFORMANT'S NAME (Type/Print)			19b. MAILIN	G ADDR	IESS (Stre			Route Number, City or Tox		ip Code)	
Mr. Matthew W. G	rove							erland, M			
20e. METHOD OF DISPOSITION	oval from State	20b G1	PLACE OF DISPO other place) CECNIMOUN	estion Lt C	(Nama of emet	cemetery, cre	metory or		cation - cerla		own, State MD
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE				22. NAME	AND ADDRI	SS OF FA	eral Home			
+ Garas	7 VC	a n	all					eral Home D 21502			
23. PART i Enter the diseases, or o	omplications the	et causes	the deeth. Do	not en	ntar tha	mode of dy	ing, suc	h es cerdiec or resp	iretory a	rrest,	Approximate
23. PART i Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiretory arrest, ahock, or heart fallure. List only one cause or each line. IMMEDIATE CAUSE (Finel											
disease or condition Condition Response to any failure											
disease or condition resulting in death) a. Cardio-Respiratory foilure Due to (OR AS A CONSEQUENCE OF):											
	Dila	tee	CONSEQUENCE	rol	1.00	440	sa b	Ca			ļ
Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A	CONSEQUENCE	OF):							
cause. Enter UNDERLYING											
CAUSE (Disease or injury that initiated eventa	DUE TO	OR AS A	CONSEQUENCE	OF):							
resulting in death) LAST	d										
PART II. Other algnificant condition	e contributing to	death h	ut not requiting	in the	under	vina ceuse	alven in	Part I. 24a, WAS AI	u atimoey	/ 24	b. WERE AUTOPSY FINDINGS
CAD. SIP CAI								PERFO	RMED?	_ "	AVAILABLE PRIOR TO COMPLETION OF CAUSE
CHO. ST. CH.	1 0 1	., .,.				4 0	-314	1 TYES	2 (LNO		OF DEATH?
Recurrence	57 1+ole	noc	arcin	رسي	a	57 P	y Russ	,			1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL					20	B. PLACE OF	DEATH (C	neck only one)			
EXAMINER?	HOSPITAL:	□ EP/Out	netlant 1 004		HER:			6 Other (Specify)			
27. MANNER OF DEATH	28e, DATE O	F INJURY	28b. TI	ME OF		INJURY AT	TESTOSTICE	28d. DESCRIBE HOW	INJURY O	CCURED	
1 Natural 5 Pending	(Month,	Day, Year)	11	NJURY	u 1	WORK? YES 2	□ NO				
2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE	OF INJURY	/ — Al home, farm	, street,	factory, o	office		281. LOCATION (Street	end Numb	er or Rura	Route Number,
4 Homicide 8 Could not be	building	, etc. (Spe	clfy)					City or Town, State)		
29s. CERTIFIER (Check only 1 PHYSICIAN: To like best of my knowledge, death occurred at like lime, date end piece, end due to like ceuse(e) end manner ee stated.											
One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.											
29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNIFO (Month, Day, Year)											
san street	6.1	M.	9			1	202		>	10	10'90
30. NAME AND ADDRESS OF PERSON WH	_	USE OF DE	ATH (ITEM 27) (To	ne Print					1		
Dr. Shrestha			Memoria	al H	losp	ital N	ledio	al Buildi	ng, (Cumbe	erland, 2MD 02
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE											

DHMH-18 Rev 1/89

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or death with the State Dept. Of health and mental hydrene prior to buriar, cremation, or removal.	Is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be n	
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וי מפוווי	f, or other traumatic event, the n	
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	1 - STATE REGISTRAR		C	ERTIF	ICATE OF	DEATH	R	EG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)			CDIT			2. DATE OF			YEAR	3. TIME OF DEATH
	Debra	Lenor	a —————	GRIE	FITH		Octobe				3:45 A. M
	4. SOCIAL SECURITY NUMBER	6. SEX	6. AGE (In yrs. le		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E (Month, De	ly, Year)		Country	PLACE (State or Foreign
	220-64-7192	1 M 2 XF	35	YRS.			April	25,			rstown, Md.
OR	9a. FACILITY NAME (If not institution, give a Frederick Memori		tal		Freder	OR LOCATION OF DI	EATH			ederi	
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT			I 100 CIT	Y, TOWN OR LOC						10d. INSIDE CITY
DIRECTOR		shington			onsboro						LIMITS? X YES 2 NO
FUNERAL	100. STREET AND NUMBER 47 South Main St	z.			1	01. ZIP CODE 21713				S.	A.
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER IN U.S. AI YES 2. WAR OR DATES		If yes, s	CENDENT OF HISPAI specify Cuben, Mexico S 2 XNO Specif	an, Puerto Rice		e or No	14. RACE Black Speck Whil	- American Indian, t, White, etc.
	15. DECEDENT'S EDU (Specify only highest grade		16a, DI	ECEDENT'S	USUAL OCCUPAT	TION nost of working	18b. KIN	ID OF BU	SINESS/IN	DUSTRY	
PLET	Elementary/Secondary (0-12)				(Give kind of work done during most of working life. Do NOT use retired.) Nurse				V.A. Center Hosp		
COMPL	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	AME (First, Midd	le, Maiden	Surname)		
BEC	Harold David Gr	Harold David Griffith				Marjori					
2	Marjorie L. Grif	fith				and Number or Rural				713	
	26/. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Ram		20b. PLACE other p	OF DISPO	SITION (Name of c	emetery, crematory or				City or To	Service Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of th
	4 Donation 5 Other (Specify)				Cemeter	-					id. 21713
	21. SIGNATURE OF FUNERAL SERVICE LI	00	Mh.	10.		AND ADDRESS OF FA					oro Pike Md. 21713
	23. PART I. Enter the diseases, or	complications, the	t coused the d	eeth. D				or resp	iratory as	rreat,	Approximate
	shock, or heert feliure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	List only one cst	ise on esch lin								Interval Between Onset and Death
z	disease or condition resulting in deeth) DUE TO (OR AS'A CONSEQUENCE OF: DIE LOUE TO (OR AS'A CONSEQUENCE OF: DIE LOUE TO (OR AS'A CONSEQUENCE OF: DIE LOUE TO (OR AS'A CONSEQUENCE OF: DIE LOUE TO (OR AS'A CONSEQUENCE OF: DIE LOUE TO (OR AS'A CONSEQUENCE OF: DIE TO (OR AS'A CONSEQUENCE OF: DIE TO (OR AS'A CONSEQUENCE OF: DIE TO (OR AS'A CONSEQUENCE OF: DIE TO (OR AS'A CONSEQUENCE OF: DIE TO (OR AS'A CONSEQUENCE OF: DIE TO (OR AS'A CONSEQUENCE OF: DIE TO (OR AS'A CONSEQUENCE OF: DIE TO (OR AS'A CONSEQUENCE OF: DIE TO (OR AS'A CONSEQUENCE OF: DIE TO (OR AS'A CONSEQUENCE OF: DIE TO (OR AS'A CONSEQUENCE OF: DIE TO (OR AS'A CONSEQUENCE OF: DIE TO (OR AS'A CONSEQUENCE OF: DIE TO (OR AS'A CONSEQUENCE OF: DIE TO (OR AS'A CONSEQUENCE OF: DIE TO (OR AS'A CONSEQUENCE OF: DIE TO (OR AS'A CONSEQUENCE OF: DIE TO (OR AS'A CONSEQUENCE OF: DIE TO (OR AS'A CONSEQUENCE OF: DIE TO (OR AS'A CONSEQUENCE OF: DIE TO (OR AS'A CONSEQUENCE OF: DIE TO (OR AS'A CONSEQUENCE OF: DIE TO (OR AS'A CONSEQUENCE OF: DIE TO (OR AS'A CONSEQUENCE OF: DIE TO (OR AS'A CONSEQUENCE OF: DIE TO (OR AS'A CONSEQUENCE OF: DIE TO (OR AS'A CONSEQUENCE OF: DIE TO (OR AS'A CONSEQUENCE OF: DIE TO (OR AS'A CONSEQUENCE OF: DIE TO (OR AS'A CONSEQUENCE OF: DIE TO (OR AS'A CONSEQUENCE OF: DIE TO (OR AS'A CONSEQUENCE OF: DIE TO (OR AS'A CONSEQUENCE OF: DIE TO (OR AS'A CONSEQUENCE OF: DIE TO (OR AS'A CONSEQUENCE OF: DIE TO (OR AS'A CONSEQUENCE OF: DIE TO (OR AS'A CONSEQUENCE OF: DIE TO (OR AS'A CONSEQUENCE OF: DIE TO (OR AS'A CONSEQUENCE OF: DIE TO (OR AS'A CONSEQUENCE OF: DIE TO (OR AS'A CONSEQUENCE OF: DIE TO (OR AS'A CONSEQUENCE OF: DIE TO (OR AS'A CONSEQUENCE OF: DIE TO (OR AS'A CONSEQUENCE OF: DIE TO (OR AS'A CONSEQUENCE OF: DIE TO (OR AS'A CONSEQUENCE OF: DIE TO (OR AS'A CONSEQUENCE OF: DIE TO (OR AS'A CONSEQUENCE OF: DIE TO (OR AS'A CONSEQUENCE OF: DIE TO (OR AS'A CONSEQUENCE OF: DIE TO (OR AS'A CONSEQUENCE OF: DIE TO (OR AS'A CONSEQUENCE OF: DIE TO (OR AS'A CONSEQUENCE OF: DIE TO (OR AS'A CONSEQUENCE OF:										
HIIFICATION	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO	OR AS A CONSE	Lusi	F):						
H	that initiated events resulting in desth) LAST	DUÉ TO	OR AS A CONSE	EQUENCE O	P):						
3	DART II Other significant condition	U	death to a con-				2				
MEDICAL	PART II. Other significent condition	is contributing to	death but not	resulting	in the underly	ng cause given in		PERFO	-	246	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Z											
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	1 0		OTHER:	PLACE OF DEATH (C					
2	1 YES 2 YES 27. MANNER OF DEATH	28a, DATE OF		28b. TIR		NJURY AT	8 Other (S)		INJURY O	CCURED	
BY PHYSICIAN: ME	1 Natural 5 Pending Proceeding Proceeding Proceeding Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Procedure Pro	(Month, L	Day, Year)	IN	JURY	VORK? YES 2 NO					
	3 Suicide 8 Could not be 4 Homicide determined	26e. PLACE (building,	OF INJURY At h , etc. (Specify)	ome, farm,	street, factory, of	lice	281. LOCATIO	ON (Street lown, State		er or Rural f	Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN										oj end manner as stated.
8	29b, SIGNATURE AND TITLE OF CENTIFIE	М				29c. LICENSE NU	804				(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WI	71.			-	cercle	MO	2	170	/	
	31. DATE FILED (Month, Day, Year)	32. REGISTR	AR'S SIGNATURE	2.5							
	OCT 11 '90	gul	ie Davidsor	-Aano	Labe.						

7	446	IJ	ø
DIVISION OF VITAL RECORDS, F.O. BOX 15149, BALLIMONE, MARILLAND 21203-5140	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and the death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Presented for use as the burial-transit permit. Presented within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	AL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLAN		T OF HEALTH AND	MENTAL HYGIE		0 20710			
	1. DECEDENT'S NAME (First, Middle, Lest)	eorge Benj	amin Gutr	ick	2. DATE OF DEATH	DAY / GX	3. TIME OF DEATH			
	000 11 1/200	5. SEX 8. AGE (In)		R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)			
OR	90. FACILITY NAME (II not institution, give stre	sq. Cente	9b. CIT	y, town or Location of a	DEATH	9c. COUNTY	of DEATH arles Co			
DIRECTOR	10a. STATE 10b. COUNTY	anlec	10c. CITY, TOWN	OR LOCATION		D1 .	10d. INSIDE CITY LIMITS?			
	100. STREET AND NUMBER 1 Mag	nolia Driv	е	10f. ZIP CODE 2	0646	Plata	1 YES 2 □ NO OF WHAT COUNTRY?			
FUNERAL	11, MARITAL STATUS	12. WAS DECEDENT EVER IN U	J.S. ARMED 13	. WAS DECENDENT OF HISPA		ee or No — 14.	RACE — American Indian,			
ВУ	Never Married 2 Merried Wildowed 4 Divorced	FORCES? 1 YES	2 NO ES	If yes, specify Cuben, Mexic 1 — YES 2 NO Spec			Black, White, etc. Specify: Black			
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION ompleted) 1 College (1-4 or 5+)	(Give kind of work done life. Do NOT use retired.	during most of working		USINESS/INDUST				
APLE	Unknown	College (1-4 or 5+)		Farmir	19 F	-arm	ning			
	17. FATHER'S NAME (First, Middle, Last)	nKnu	10	18. MOTHER'S N	AME (First, Middle, Meide	on Surneme)	,			
BE	19e. INFORMANT'S NAME (Type/Print)	unknou	_	SS (Street and Number or Rura	Route Number, City or To	own, State, Zip Co) de)			
2	Aurelia Perry		General	Delivery,	Pisgah,	Maryl.	and 20640			
	20e, METHOD OF DISPOSITION 1 Suriel 2 Cremetton 3 Remon 4 Donation 5 Other (Specify)	ral from State Mt	·Hope Bap	ame of cometery, cremetory of	tery Nar	ocation - city	. Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LICE	C Echols		name and address of inchart Fundant Fundant I	neral Hor	ne, In	c. 6-0567			
	23. PART L Enter the diseases, or common to the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of the common terms of th	emplications that caused ist only one cause on each	he death. Do not ente	or the mode of dying, au	ch as cerdiac or ree	piratory arrest	Approximete Interval Between			
	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	Can	ier of to	te Cury			Onset and Death			
_		DUE TO (OR AS A C	CONSEQUENCE OF):	V						
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate									
<u>₹</u>	CAUSE (Disease or Injury	DUE TO (OR AS A C	CONSFOURNCE OF:							
E	thet initieted events resulting in death) LAST		,							
- 1	PART II. Other significent conditions	contributing to deeth bu	t not reaulting in the u	inderlying cause given i	n Part I. 24a. WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS			
ICA					PERF 1 □ YES	ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
ME							1 TES 2 NO			
AN:	25. WAS CASE REFERRED TO MEDICAL			OC ON ACE OF PEATH O	Short act and					
SICI	EXAMINER?	HOSPITAL:	Note that the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the stat	26. PLACE OF DEATH (1 ER: ursing Home 5 ☐ Reeldenc	THE WAR IN THE					
PHYSICIAN: MEDICAL	27. MANNER OF DEATH 1 Netural 8 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOV	V INJURY OCCUP	RED			
BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY -	- At home, farm, street, fa	1 YES 2 NO	28f. LOCATION (Stre		Rurel Route Number,			
TEC	4 Homicide determined	building, stc. (Specifi	у)		City or Town, Ste	ife)				
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) end menner as stated.									
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	To a thent			29c. LICENSE NUMBER		29d. DATE SIGNED (Month, Day, Year)			
10	30. NAME AND ADDRESS OF PERSON WHO			D2/03						
	Michael A. Leat	herwood, M	.D.,Waldo	orf Medica	l Park,Wa	aldorf	,Md.20601			
	31. DATE FILED (Month, Day, Year) OCT 0 9 '90	herwood, M 32. REGISTRAR'S SIGNA Julia David	ton Randell							

STORY CLIMAN C. Park C. Park

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CIAN: The	ertificate his	the State De	or item 2
HYSICIAN: The	his certificate his	with the State Di	ked, or item 2:
4G PHYSICIAN: The	ter this certificate ha	ath with the State De	marked, or item 2:
ENDING PHYSICIAN: The	R: After this certificate ha	er death with the State Di	Is marked, or item 2:
ATTENDING PHYSICIAN: The	ECTOR: After this certificate ha	s after death with the State Di	n 28 is marked, or item 2:
OR ATTENDING PHYSICIAN: The	DIRECTOR: After this certificate his	hours after death with the State Di	Item 28 is marked, or item 2:
PITAL OR ATTENDING PHYSICIAN: The	RAL DIRECTOR: After this certificate his	n 72 hours after death with the State Di	f: If Item 28 is marked, or item 2:
HOSPITAL OR ATTENDING PHYSICIAN: The	FUNERAL DIRECTOR: After this certificate his	within 72 hours after death with the State Di	fANT: If Item 28 is marked, or item 2:
TO THE HOSPIDL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach-	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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										1	TIEGI NOI			
,	1. DECEDENT'S NAME (First) Frank	t, Middle, Last)	Co	00101	l - 4					2. DATE	OF DEATH	y 10	90	3. TIME OF DEATH
	4. SOCIAL SECURITY NUME			galsl				1				4 15		12:20 a. M
	204-09-726		5. SEX	6. AGE (In)	rrs. last birthday YRS.	MONTH	DER 1 YEAR B DAYS	HOURS	MIN.	0.5	of BIRTH	191	5 F	ennsylvania
	9e. FACILITY NAME (If not in	nstitution, give s	treet and number)	,,,		9b. C	ITY, TOWN	OR LOCAT	ON OF DE	EATH		9c. COU	NTY OF E	
H	Montgome	ery G	eneral	Hosp:	ital		(lney	7			Mor	itgo	mery
5	RESIDENCE OF DEC	CEDENT		- 1										
2	10a. STATE	10b. COUNTY					N OR LOC							10d. INSIDE CITY LIMITS?
ā	Florida	Pa	sco		New Port Richey			ey					1 XYES 2 NO	
¥	10e. STREET AND NUMBER						1	of, ZIP COD				WHAT COUNTRY?		
5		53.	12 Darmo	uth Ro	oad			346	52	Ţ				A
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U	S. ARMED		13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexican					or No—	14. RAC Blac	E — American Indian, k, White, etc.
BY FUNERAL DIRECTOR	1 Never Merried 2 X		IF YES, GIVE	MAR OR DATE	DATES 1 YES 2 NO Spe									White
COMPLETED		CEDENT'S EDU	CATION		6a. DECEDENT (Give kind o	of work do	ne during i	TION nost of work	ing	16b	KIND OF BUS	SINESS/IN	DUSTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT									
1	1-12		N/A		U.S.	Pos	tal	9				S Go	vern	ment
3	17. FATHER'S NAME (First, Middle, Lest) Bernard Gogolski Marian Schap													
2 1 1			lski		,					Sc				
2	199. IMPORMANT 5 NAME (hyperrink) 199. MAILING ADDRESS (Street and Number of Rural House Number, City of lown, State, 2ip Code)													
	Genevieve E. Gogalski 200_METHOD OF DISPOSITION 14P Burlel 2 Cremetion 3 Removal from State 4 Donetton 5 Other (Specify) 200_METHOD OF DISPOSITION (Name of cemetery, cremetory or other place) Arlington National 200_LOCATION - City or Town, State Arlington National													
	21. SIGNATURE OF FANERAL SERVICE LICENSSE 22. NAME AND ADDRESS OF FACILITY										TLETHIA			
	HInes/Rinaldi Funeral Home 11800 N.H. Ave., Silver Spring, Md. 20904													
N	shock/or haart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
MEDICAL CERTIFICATION	if any, leading to imme ceuse. Entar UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LAS	ediate /ING ury	c		ONSEQUENCE									
MEDICAL	PART II. Other signific	ant condition	es contributing to	o daeth but	not resultin	g In the	underly	ing cause	given in	Part I.	24a. WAS AN PERFOI 1 TYES 2	RMED?	24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
2													L	
PHYSICIAN:	25. WAS CASE REFERRED ' EXAMINER?	TO MEDICAL	HOSPITAL:			ОТ	26. HER:	PLACE OF	DEATH (C	heck only o	ne)			
2	TEXTES 2 NO		1 - Inpatient 2			4 🗆	Nursing H	ome 5 🗆 1	lesidence	_				
5	27. MANNER OF DEATH	Pending	28a. DATE O (Month,	F INJURY Day, Year)	26b. 1	TIME OF INJURY		NJURY AT WORK? YES 2		28d. DE	SCRIBE HOW	INJURY O	CCURED	
B	2 Accident	Investigation	284 DI 105	OE IN HIDY	- At home, farr	n elecat			_ 40	201 101	CATION /Chara	and Numb	or or Dise	Floute Number,
	3 Suicide 8 4 Homicide	Could not be datermined		, etc. (Specify		., s./est,	ractory, or	no u			or Town, Stete		or Or MUTE	rvodo Hullion,
COMPLETED	CONTROL OTHY		ER: On the best of											(s) end manner ee stated.
	29b. SIGNATURE AND TITL	E OF-CENTIFIE	n e					29c. 1 li	CENSE NU	IMBER		29d. D4	TE SIGNE	ED (Month, Day, Year)
BE	22	6	0.		1				30	3	16	•	10	-4-90
2	30. NAME AND ADDRESS (OF PERSON WI	10 COMPLETEO CA	USE OF DEAT	H (ITEM 27) /7	ype, Print)			-		~ 4		,0	mad
	166	1 2	an ho					5 (50	ON	22 16	. (Du	٥ .	12011 957
	31. DATE FILED (Month, Day	y, Year)	32. REGISTE	AR'S SIGNAT				100			7	1-4		
				-	1.0									

OCT 09 '90

Gulia Davidson Bandoll

DHMH-16 Rev 1/89

e Përe I

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, a billed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

REGISTRAR		CER	TIFIC	ATE OF	DEATH	R	EG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF D	EATH DA	Υ	YEAR	3. TIME OF DEATH
	en Joan Gur			<u> </u>		Octob		, 19		2:02 a M
4. SOCIAL SECURITY NUMBER		(In yrs. last birt	1404	UNDER 1 YEAR	IF UNDER 24 NRS. HOURS MIN.	7. DATE OF B (Month, De)			8. BIRTH Country	PLACE (State or Foreign y)
215-72-8632	1 M 2 🕸 3	4 '	ras.			June 2	3,19			York
9a. FACILITY NAME (If not institution, give st			96.	CITY, TOWN	OR LOCATION OF DE	EATH		9c. COU	NTY OF D	EATH
11208 Long Pir	ne Trail			P	otomac				Mon	tgomery
10a. STATE 10b. COUNTY		10	C. CITY, TO	OWN OR LOCA	TION					10d. INSIDE CITY LIMITS?
Maryland	Montgomery			Potoma	ac					1 YES 2 X NO
10e. STREET AND NUMBER				10	. ZIP CODE			10g. CIT	IZEN OF W	HAT COUNTRY?
11208 Long Pine T	rail				20854			Unit	ed S	tates
11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED)		ENDENT OF HISPAN			or No-	14. RACE Black	— American Indian, c, White, atc.
1 Never Married 2 1 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR				2 X NO Specifi				Speci Whi	ty:
15. DECEDENT'S EDUC		16a, DECED	ENT'S USU	JAL OCCUPATION	ON	16b. KIN	D OF BUS	INESS/ING		
(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give k	ind of work NOT use re	done during mo tired.)	at of working					
12	-		Homer	naker			Own	Home	2	
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA					
William N. Squad	ere				Theres	sa A. I	onal	nue		
19a. INFORMANT'S NAME (Type/Print)				Carlotte Control	and Number or Rural					7 20054
Steven P. Gureckis 11208 Long Pine Trail, Potomac, Maryland 20854										
20b. PLACE OF DISPOSITION (Name of commettery, crametery or other place) 20c. LOCATION — City or Town, State other place) 3 Cate of Heaven Cemetery Silver Spring, M										
21. NAME AND ADDRESS OF FACILITY ROBERT A. Pumphrey Funeral Home/ Rockville, Inc. 300 West Montgomery Avenue Rockville, Maryland 20850										/ mery 0
23. PART i. Enter the diseases, or o			. Do not							Approximete
shock, or heart feliure.	List Drily one couse on	eech line.								Interval Between Onset and Death
disease or condition resulting in death)	Bha	v	(au	1 Ces						4 XRS
Toolstang an obstany	DUE TO (OR AS	A CONSEQUE	NCE OF):							
Sequentielly list conditions,	b									
If eny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUE	NCE OF):							
CAUSE (Disesse or Injury	DUE TO (OR AS	A CONSEQUE	NCE OF:							
that initiated events resulting in death) LAST										
	d									
PART II. Other significant condition	s contributing to deeth	but not resu	ulting in t	he underlyin	g ceuse given in	Part I. 24	PERFOR	AUTOPSY	246	WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO
						1 {	YES 2	NO 🛣		OF DEATH?
					-					1 - YES 2 - NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			THER:	LACE OF OEATH (C					
1 TYES 2 NO	1 Inpatient 2 ER/O		DOA 4		ne 5 X Residence	8 Other (Sp 28d, DESCRI		N H III PV A	CUREO	
1 X Netural 5 Pending	(Month, Day, Year		INJUR	Y W	ORK?	200. DESCHI	BE HOW	INJUNT OC	CONEO	
2 Accident Investigation 3 Suicide S Could get be	28e. PLACE OF INJU	RY — At home	farm, stre			28f. LOCATIO	N (Street	and Numbe	er or Rural	Route Number,
4 Homicide S Could not be detarmined	building, atc. (S	pecify)	,	,			own, State			
29e. CERTIFIER (CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end manner as stated.										
(Uneck only	R: On the basis of examina									a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE		2			29c, LICENSE NU					O (Month, Day, Year)
Kennott	GoldVSE	e			019	211				er 8, 1990
30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE OF	OEATH (ITEM 2	7) (Type, Pr	int)	0 1 70	6 (CLUD	ET 0' TAAA
Kenneth Goldste: 5480 Wisconsin	in M.D. Avenue #214	Chevv	Chas	e, Mar	yland 20	815				
31. DATE FILEO (MACROT Day, Year) '90	32 REGISTRAR'S SI	CNATURE			,					· · · · · · · · · · · · · · · · · · ·
I 001 TO 30	OCT 10 90 Julia Davidson-Randall.									

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely for the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation	IMPORTANT If Hem 28 is marked or Hem 23 shows any Injury, or other traumatic event. th
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	-	FOR STATE REGISTRAR	STATE OF MARY		DEPARTM ERTIFICA				MENTA	L HYGIEN REG. NO.	e 9	0 28	1719
P		1. DECEDENT'S NAME (First, Middle, Lest) ELLEN 4. SOCIAL SECURITY NUMBER 220-48-4374 90. FACILITY NAME (If not institution, give str	5. SEX 6. AGE	2 DI (In yes. Ins	YRS. WOR	UNIDER 1 YEA		R 24 HRS. MIN.	7. DATE (More	OF BIRTH	9-9	BIRTHPLACE (Sta Country)	PJM , M
90	-	KENSIN 9 TON	GARDEN	NUR	- 1		ENS			~		TGom E	RY
100		MARYLAND MO 10e. STREET AND NUMBER	NTGomer	4	10c. CITY, TO		VER	SPRI	NG	NG 10g. CITIZEN OF W			DE CITY S? 2 NO
IVOS	3	9807 GARDINER	AVENUE					209	02		u.	S.A.	
N 5	5	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorcad	IN U.S. AR 2 Z DATES						N? (Specify Yea Rican, etc.)	or No—	RACE — Americ Black, White, etc Specify: WH	an Indian,	
ETED	i II	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		(G	CEDENT'S USU he kind of work Do NOT use ret	done during ired.)	ATION most of work	ing	161	b. KIND OF BUS	SINESS/INDUS	TRY	
Once.		17. FATHER'S NAME (First, Middle, Last)		Н	OMEMAK	EK	10 MO	FMED'S NA	ME /Elest	Middle, Maiden	Sumama)		
TO BE COM	ı	JOHN	O'NEIL				EL	LEN		1001 000	COS	TELLO	
notifie	- 11	JOSEPH B. HARDING	(SC		807 GA							MARYLAN	D 20902
nst pe		20a. METHOD OF DISPOSITION 1 Burlai 2 □ Cremation 3 □ Remo	other pi					BRENTWOOD, MARYLAND					
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY													
event, the medical	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest ahock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF):										Inte One	proximate rival Between set end Death work	
or other traumatic event,	NO INCOLUMN	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events											
8 8		resulting in death) LAST	l										
shows any injury,	2000	PART II. Other eignificant conditions	s contributing to death	but not i	resulting in t	he under	ying cause	given in	Part I.	24a. WAS AN PERFOI 1 TYES 2	RMED?	COMPLETE OF DEATH	PRIOR TO ON OF CAUSE
S		25. WAS CASE REFERRED TO MEDICAL				2	S. PLACE OF	DEATH (Ch	ank only o	non)			
item	5	EXAMINER? 1 YES 2 NO	HOSPITAL:	rtpatient 3		THER:	Home 5 🗆 I	os arm					
marked, or		27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year		28b. TIME OF	'	INJURY AT WORK?	□ NO	28d. DE	EŞCRIBE HOW	NJURY OCCU	RED	
28 is		2 Accident investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJUI building, etc. (S)		ome, farm, stree	t, factory,	office			CATION (Street y or Town, State)		Rural Route Numb	or,
# F		ann)	CIAN: To the best of my kno										ner as stated.
IMPORTANT		296. SIGNATURE AND TITLE OF CERTIFIER RATION HI	Traum	m	D		29c. LI	CENSE NUI	Maria	ryland	29d. DATE S	TIME 20	ny. Year) 0 1990
Ι,		30. NAME AND ADDRESS OF PERSON WHO	RAUM W 32, REGISTRAR'S SK	0	8915 8915	G	FORG	IA F	Tve-	SILVE	R SpR	WE, M	20910

32, REGISTRAR'S SIGNATURE Juna Davidson Randoll

OCT 04 '90

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its (Waryland)

		FOR STATE REGISTRAR	STATE OF MARYL			HEALTH AND I	MENTAL HYGIEN REG. NO.	- 20	28720
		1. DECEDENT'S NAME (First, Middle, Leel) HO	oward, Danie	el Hard	ly, Jr.	•	2. DATE OF DEATH MONTH DA	YE 9	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (in yrs. last birinday)	IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year)	6. E	O G6 () M BIRTHPLACE (State or Foreign Jountry)
(°L		220 10 3727	ØM2□F 2	3 YAS.	MONTHS DAY		Oct 23, 1	966 M	aryland
3 sho	œ	9e. FACILITY NAME (If not institution, give street				n on location of di LMOPE	EATH	9c. COUNTY	
5.	CTOR	Seton Hill Manor N	ursing home					Barti	more City
Pages	DIRE	Money and Drings	Cooresta		TY, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
ermit,		Maryland Prince 10e. STREET AND NUMBER	George's	ةبل [unham T	10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
ansit p	FUNERAL	6858 Riverdale Roa				20706		d States	
physician. burial-transit permit.		11. MARITAL STATUS 12 1 Telephone 12 Merried 12	P. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes.	specify Cuben, Mexica		or No— 14.	RACE — American Indian, Black, White, atc.
	B	3 Widowed 4 Divorced	IF TES, GIVE WAR OR DA	ALES	'	res 2 NO Specif	y.		White
al or attending phys	Specify only highest grade completed) College (1-4 or 5+) Cashier/Clerk							SINESS/INDUST	RY
spital for hed for									
	≥ ≥ ♥ Howard Daniel Hardy. Sr. Catherine Marie Boswell								
									fel
2 5 5	2	Catherine M. Hardy	<i>I</i>				nham, MD 2		,
6 may be ector, page		20a. METHOD OF OISPOSITION 1 X Burial 2 Cremation 3 Remova	I from State	other place)		cemetery, cremetory or		CATION — City	
Page 6 may al director, pa		4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN		ashingto		onal Cemet		tland,	Maryland
Rapp Funeral Services, P.A.									
23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch ea cardiec or resp									Approximate
D O E		IMMEDIATE CAUSE (Final	it only one cause on e	ach line.					Interval Between Onset and Death
~= =		disease or condition reaulting in death) s	DUE TO (OR AS A	CONSEQUENCE	OFI-				months
4 5 6 4 P	z		202 10 (01110)		J. ,.				į
	ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE	OF):				
ertificate ng physic giene pri	FIC	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE	OF):				
는 BE	CERTIFICATION	resulting in death) LAST							
hat the death of by the atternant of and Mental or any injury.	CALC	PART II. Other significant conditions of	contributing to death b	out not resulting	in the under	ying cause given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
es that igned by ealth an	MEDIC	Caehexia hip nlcer					1 YES :	NO	COMPLETION OF CAUSE OF DEATH?
w requires the speed speed pt. of Health and Shows and		- Macor					-		1 ☐ YES 2 NO
VITAL PARTITION THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE T	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		,	8. PLACE OF DEATH (C	heck only one)		
SICIAN: The Certificate the State	IYSI	111	☐ Inpetient 2 ☐ ER/Outs			Home 5 - Residence	6 Other (Specify)	IN INDIV OCCUP	ED.
NG PHYSI fler this c eath with	у РНУ	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		NJURY	WORK?	280. DESCRIBE NOW	INJUNT OCCUM	EU
NDING P N. After t er death is man	D BY	end Number or i	Rural Route Number,						
L OR ATTENDING PHYSICIAN: The law requires the DIRECTOR: After this certificate has been signed hours after death with the State Dept. of Health Item 28 is marked, or item 23 shows an	ETE	4 Homicide determined							
	COMPLETED	(Check only	AN: To the best of my know On the basis of examination						euse(e) end menner se stated.
五 元 N S	BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Bearly	m)		29c. LICENSE NU	2158	29d. DATE SI	GNED (Manth, Day, Year)
1	2	30. NAME AND ADDRESS OF PERSON WHO O	COMPLEYED CAUSE OF DE	N Finter	De, Print)	Swite 200	7 Baltin	10 M	1) 21201.
~		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	NATURE		<u></u>	1	- July	
		OCT 0.5 '90	Julia Davidson	-Randell					

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TO BE COMPLETED BY FUNERAL DIRECT

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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OCT 16 '90

FOR 1 - STATE		STATE OF N	IARYLA					EALTH DEAT		MENTA	L HYGIEN	_	90	28721		
REGISTRAR 1. DECEDENT'S NAME (First,	Middle, Last)	Walte	r Le			CAIL	. 01	DEA		2. DATE	OF DEATH			. TIME OF DEATH		
. Walter	L.	40	se							act.	ober .	15/	990	0800 AM		
4. SOCIAL SECURITY NUMB		5. SEX	8. AGE (N	n yrs. last bir		IF UNDER	DAYS	HOURS	MIN.	7. DATE (Monti	of BIRTH h, Day, Year) 7 8,190	07	Country)	ACE (State or Foreign		
9s. FACILITY NAME (# not in	stitution, give st	reet and number)	-			9b. CITY,	TOWN O	R LOCATI	ON OF DE				NTY OF DEA	тн		
Washington	Count	y Hospit	a1			Hagerstown Wa								shington		
10s. STATE	10b. COUNTY			1	,	TOWN C							1	0d. INSIDE CITY		
Maryland	Was	hington			(Clea	r Sp	ring	5				1	1 TES 2 NO		
Route 2							101.	217				10g. CIT		AT COUNTRY?		
11. MARITAL STATUS		12. WAS DECEDEN			D	13.	NAS DEC	ENDENT (OF HISPAI	IIC ORIGII	N? (Specify Ye	or No-	14. RACE -	American Indian, White, etc.		
1 Never Married 2 🔀 3 Widowed 4 Divo		FORCES? 1							Specif		Rican, etc.)		Specify.			
						1					VIII 05 011		whi	te		
	EDENT'S EDUC y highest grade 1-12)		.)	(Give i	kind of wo NOT use	JSUAL OF ork done of retired.)	SCUPATIO furing mo	ON st of worki	ing	160	b. KIND OF BU	SINESS/IN	DUSTRY			
9		0			jani	itor					leat!	ner g	oods			
17. FATHER'S NAME (First, Middle, Lest)								18. MOT			Middle, Maiden	Surname)				
John David Hose									Juli	la Fr	rush					
19a. INFORMANT'S NAME (7											nber, City or Tow					
Rosie P. H	ose			R	oute	e 2,	Вох	163	3, C	Lear	Spring	g, Md	217	22		
20s. METHOD OF DISPOSITION 1 Spuriel 2 Cremetion 3 Removal from State 20b. PLACE OF Cother place))			metery, cre	matory or				City or Tow			
4 Donation 5 Cher	(Specify)		_]	Blair	's \		-				C	lear	Sprin	ıg, Md.		
21. SIGNATURE OF FUNERA	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MINNICH FUNERAL HOME															
SCAT	10	me	16									agers	town.	Md. 21740		
23. PART I. Enter the discess, or complications that coursed the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate																
		Liet only one ca	se on e	ech line.							C			interval Between Onset and Death		
immediate cause (Fir disease or condition	nei		ar	dis	7/1	100	~~	-d 4	20	da	elun	C.	. 11-	1. 1.3		
reaulting in death)		DUE TO	(OR AS A	CONSEQUE	ENCE OF):		-	9	1)			C	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		
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Sequentially list condit if any, leading to imme		DUE TO	(OR AS A	CONSEQUE	ENCE OF):	1	. /						0		
cause. Enter UNDERLY CAUSE (Disease or inju	ING	G /	The	2001	ele	2	10	De	ne	al	egal			surral 7:5		
that initiated events		DUETO	(OR AS A	CONSEOU	ENCE OF):					O					
resulting in death) LAS	T .	d	P	D									Re	relial 715		
PART ii. Other aignifice	ent condition	ne contributing to	deeth b	out not ree	uitina i	n the u	nderivin	a ceuse	aiven in	Part i.	24a, WAS AI	N AUTOPSY	24b.	WERE AUTOPSY FINDINGS		
												RMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE		
										_	1 TYES	2 NO		OF DEATH?		
														1 TYES 2 NO		
25. WAS CASE REFERRED 1	TO MEDICAL						26 PI	LACE OF	OFATH (C	heck only o	noe)					
EXAMINER?	MEDICAL STATE	HOSPITAL:	7 5000.0			OTHE	R:									
27, MANNER OF DEATH		28a. DATE O			28b. TIMI	_		JURY AT	tesidence	_	er (Specify) ESCRIBE HOW	INJURY O	CCURED			
1 Natural 5	Pending	(Month,	Day, Year)		INJ	URY M		YES 2	□ NO							
2 Accident 3 Suicide	Investigation	28e. PLACE	OF INJURY	/ — At home	, ferm, s	street, fac				28f. LO	CATION (Street	and Numbe	er or Rural Ro	oute Number,		
4 Homicide	Could not be determined	building	, etc. (Spec	cffy)						Cit	y or Town, State	9)				
290. CERTIFIER																
(Check only		ICIAN: To the best of ER: On the besis of												and manner as stated.		
296. SIGNATURE AND TITL	OF CERTIFIE	B(P.	111 -					29c. Li	CENSE NU	WISER		29d. DA	I SIGNED	(Month, Day, Year)		
30. NAME AND ADDRESS O	E DEDEON IN	O COMPLETED OF	ISE OF AT	ATU //TEM	27) /=	Dolar)			1 1 0	00		1	10/1	7/10		
MACCA	ILA. K	A1.17	7115	H L	erj (iype,	1	SOL	-	1.1	10	h 1.1	1	16	m0		
31. DATE FILED (Month, Day)	(Mar)	32. REGISTE	AR'S SIGN	ATURE	1,0 -		101	Nes	mil	٤ ٦	1. 17	ngar	- Sure of the	6190 21740 - MD		
an arrive i recent (mornin, Day,	,	02111201011		40 W. 16E-												

DHMH-18 Rev 1/89

Hagerstown Washington County Hospital

Maryland

Clear Spring Washington

USA 21722 Route 2

white

leather goods janitor

Julia Frush John David Hose

Route 2, Box 163, Clear Spring, Md. 21722 Rosie P. Hose

Blair's Valley

Scott Minniel MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740

X

Clear Spring, Md.

The variety makes

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(TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 meurs after death. Page 6 may be retain	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shas find within 70 hours after death with the Chair Danie of Health and Mental Haniene prior to burial cremation or minutel.	IMPORTANT: If I lem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notif
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	丰	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 he find within 72 hours after death with the State Door or Health and Mental Hodinge prior to burial, cremation, or removal.	2
	2	23	3 2

	FOR 1 - STATE REGISTRAR	STATE OF I					EALTH AND N	MENTAL	. HYGIEN		90	28722
	1. DECEDENT'S NAME (First, Middle, Last) ROBERT	т.	CL	HILT		OF	DEATH	MONTH	OF DEATH	Υ	YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. lest		IF UNDER		IF UNDER 24 HRS.	7 DATE	CEMBER			10:30 A M ACE (State or Foreign
	071-16-1571	1 💢 M 2 🗌 F	69	YRS.	MONTHS	DAYS	HOURE MIN.	AUG.30,1921 NEW			NEW Y	
ECTOR	90. FACILITY NAME (# not institution, give st 1714 ALBERTI DRI						SPRING	ATH			GOMER	
DIREC	10a. STATE 10b. COUNTY	GOMERY			y, town o		ION PRING					Dd. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 1714 ALBERTI DRIV	/E				101	20902			USA		AT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- I1. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- I1. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- I1. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- I1. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- I1. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- I1. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- I1. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- I1. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- I1. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- I1. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- I1. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- I1. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- I1. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- I1. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- I1. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- I1. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- I1. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- I1. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- I1. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- I1. Was DECENDENT OR HISPANIC ORIGIN? (Specify Yes or No- I1. Was DECENDENT OR HISPANIC ORIGIN? (Specify Yes or No- I1. Was DECENDENT OR HISPANIC ORIGIN? (Specify Yes or No- I1. Was DECENDENT OR HISPANIC ORIGIN? (Specify Yes or No- I1. Was DECENDENT OR HISPANIC ORIGIN? (Specify Yes or No- I1. Was DECENDENT OR HISPANIC ORIGIN? (Specify Yes or No- I1. Was DECENDENT OR HISPANIC ORIGIN? (Specify Yes or No- I1. Was DECENDENT OR HISPANIC ORIGIN? (Specify Yes or No- I1. Was DECENDENT OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPA									THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE S		
16. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) 16c. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) 16c. KIND OF BUSINESS/INDUSTRY 16d. KIND OF BUSINESS/INDUSTRY 16d. KIND OF BUSINESS/INDUSTRY 16d. KIND OF BUSINESS/INDUSTRY 16d. KIND OF BUSINESS/INDUSTRY 16d. KIND OF BUSINESS/INDUSTRY 16d. KIND OF BUSINESS/INDUSTRY 16d. KIND OF BUSINESS/INDUSTRY 16d. KIND OF BUSINESS/INDUSTRY 16d. KIND OF BUSINESS/INDUSTRY 16d. KIND OF BUSINESS/INDUSTRY 16d. KIND OF BUSINESS/INDUSTRY 16d. KIND OF BUSINESS/INDUSTRY 16d. KIND OF BUSINESS/INDUSTRY 16d. KIND OF BUSINESS/INDUSTRY 16d. KIND OF BUSINESS/INDUSTRY 16d. KIND OF BUSINESS/INDUSTRY 16d. KIND OF BUSINESS/INDUSTRY 16d. KIND OF BUSINESS/INDUSTRY 16d. KIND OF BUSINESS/INDUSTRY 16d. KIND OF BUSINESS/INDUSTRY 16d. KIND OF BUSINESS/INDUSTRY 16d. KIND OF BUSINESS/INDUSTRY 16d. KIND OF BUSINESS/INDUSTRY 16d. KIND OF BUSINESS/INDUSTRY 16d. KIND OF BUSINESS/INDUSTRY										CATIONS		
BE COM	THEODORE HILTON JANE DUNN											
10												
	26g. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c.											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W. SIL.SPR., MD. 2090:									INC.		
	23. PART I. Enter the diseases or of shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	complications the	nt caused the da use on each line	ath. Do r	not anter		0				eat,	Approximate Interval Between Onset and Dasth
	resulting in death)	a Lough To	OF AS A CONSEC	SON SUBJECTE OF	210	(lance	200	ma			
ATION	Sequentially flat conditions, it any, leading to immediate cause. Enter UNDERLYING	b DUE TO	194 AS A CONSES	QUENCE O	7: /	7	pui	W				
CERTIFICATION	CAUSE (Disessa or injury that initiated events resulting in death) LAST	e. DUE TO	OR AS A CONSEC	DUENCE O	r):							
PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PREFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FIR ANALIZE PRIOR TO OF DEATH?									VERE AUTOPSY FINDINGS VARIABLE PRIOR TO DOMPLETION OF CAUSE OF DEATH? YES 2 NO			
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF DEATH (Ch	eck only o	10)			
	1 YES 2	28e. DATE O	ER/Outpatient 3 FINJURY Day, Year)	28b. TIN		28c. IN.	Ne 5 Residence JURY AT DRK? YES 2 NO		SCRIBE HOW	INJURY OC	CURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE building	OF INJURY — At he	ome, farm,					ATION (Street or Town, State		or Rural Roo	ute Number,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE											and manner as stated.
B	290. SHRMATURE AND TITLE OF CERTIFIE	M 1	121	~ ~			29c. LICENSE NUI	MBER 1	44	254. DAT	2 8	190
2	30, NAME AND ADDRESS OF PERSON WH	ID COMPLETED CAL	IDE OF DEATH (ITE	M 270 (Ton)	Pulmt)		-00	-	-			

ROCKVILLE, MD.

RANDOLPH ROAD #216

M.D.

4701

32. REGISTBAR'S SIGNATURE
Julia Davidson Jundo De

20+1

ROCKVILLE "

YEAR

1990

3. TIME OF DEATH

7:00 A

2. DATE OF DEATN DAY SEP 22

Hseh Nuan

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BALTIMORE, MARYLAND 21203-3146	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician.	PIRETONN. Also, all and have been signed by the effection and completely filled in by the financial discussion has been for see as the burief security.
1	ithin 24 Cours af	otoh filled in he
13146,	executed wi	and comple
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	w requires that the death certificate be	been cioned by the attendion phycician
DIVISION OF VITAL	OR ATTENDING PHYSICIAN: The law	DIDECTION. A Sec. ship pareliforate has

P		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last I	birthday) IF UN	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTN , Day, Ybar)	8.	BIRTHPLACE (State or Foreign Country)			
		219-92-2360	1 🗆 M 2 🎉 🗡 E	89	YRS.			SEP	19, 19	01	China			
sho	ر بر ا	9a. FACILITY NAME (If not institution, give s			9b. C	TY, TOWN	OR LOCATION OF O	EATN		9c. COUNTY	OF DEATH			
. 2, 3	DIRECTOR	7412 Algona Cour	t			Derwo	ood			Mo	ntgomery			
iges 1,	읦	10a. STATE 10b. COUNT	1		10c. CITY, TOW	OR LOCA	TION			10d. INSIDE CITY				
iit. Pa			Montgome	ry	De	rwood	1				1 ES 2XXNO			
ше	FUNERAL	10e. STREET AND NUMBER				10	1. ZIP CODE			10g. CITIZEI	OF WHAT COUNTRY?			
an. ransit	E I	7412 Algona Cou			1		20855			Tair				
buts after death. Page 6 may be retained by the hospital or attending physician. I in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages or removal. nedical examiner must be notifiled at once.	BY FU	11. MARITAL STATUS 1 News Married 2 Married Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W		20	3. WAS DEC if yes, sp 1 PYES	CENDENT (AT NISPA Decify Cutian, Mexic 3 2 X NO Speci	NIC ORIGIN en, Puerto I fy:	i? (Specify Yea Rican, atc.)	or No 14	RACE — American Indian, Black, White, etc. Specify: Chinese			
al or attending for use as the	ED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)		EDENT'S USUAL kind of work do		INESS/INDUS	TRY						
opital or ed for u	PLET	Elementary/Secondary (0-12)	College (1-4 or 5	Ho. C	oo NOT use retire Homemak	1.)			Own H	ome				
the hospit detached once.	COMPL	17. FATHER'S NAME (First, Mici-lie, Lest)		*	Tomeman	-	16. MOTNER'S NA	AME (i'-t. I		and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th				
by th	ш	Chia-Chung Hs	eh				Dai	Hseh						
5 should notified	TO B	19a. INFORMANT'® NAME (Type/Print)		19b.	MAILING ADDR	ESS (Street	and Number or Rural	Route Numi	ber, City or Town	n, State, Zip Co	de)			
ay be re page 5	-	Dick Huang	erwoo	d, Mar										
ector, pa		204_METNOD OF DISPOSITION 1 \(\text{ABurial} \) 2 \(\text{Cremation} \) 3 \(\text{Rem} \) Rem			or Town, Stata									
ter death. Page 6 mi the funeral director, wal.		4 Denation 5 Other (Specify)	CENSEE	_ Gate	ог неа	ven (Cemetery	ACILITY D	Sil	ver Si	oring, Marylan			
death. Pag funeral dii examiner		10 East Deer Park Drive												
n by the furemoval.		23. PART I. Enter the diseases, or	Toga			Ga	aithersbu	irg.	Marvla	nd 208				
executed within 24	CERTIFICATION	shock, or heert fellure. List dnily one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
death e atter lental ury, c		DADT II. Other clastificant condition	0											
equires that en signed by of Health and	H: MEDICAL	PART II. Other significent condition Chest	ns contributing to					n Part I.	24a. WAS AN PERFOR 1 YES 2	IMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
e has be te Dept.	SIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					LACE OF DEATH (C	heck only o	ne)					
SICIAN: The certificate h the State f d, or item	SIC	1 TYES 2 - NO	HOSPITAL:	ER/Outpatient 3	DOA 4		me 5 Nasidence	8 🗆 Othe	r (Specify)					
r this cer h with th arked, o	BY PHYSIC	27. MANNER OF DEATN 1 Netural 5 Pending investigation	28a. DATE OF (Month, L	FINJURY Day, Year)	285. TIME OF INJURY	W	JURY AT ORK? YES 2 NO	28d. DE	SCRIBE NOW I	NJURY OCCU	RED			
ATTENDING ECTOR: Afte s after deal	TED B	2 Accident Accident Suicide Scientification Accident Suicide Scientification Accident Scientification Accident Scientification Accident Scientification Accident Scientification Accident Scientification Accident Scientification Accident Scientification Accident Scientification Accident Scientification Accident Scientification Accident Scientification Accident Scientification Accident Scientification Accident Scientification Accident Scientification Accident Scientification Accident Scientification Accident Scientification Accident Scientification Accident Scientification Accident Scientification Accident Scientification Accident Scientification Accident Scientification Accident Scientification Accident Scientification Accident Scientification Accident Scientification Accident Scientification Accident Scientification Accident Scientification Accident Scientification Accident Scientification Accident Scientification Accident Scientification Accident Scientification Accident Accident Scientification Accident Scientification Accident Scientification Accident Scientification Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accident Accide	28a. PLACE (building	OF INJURY — At hon, etc. (Specify)	na, farm, atreet,	factory, offi	ce	281. LOC City	ATION (Street or Town, State)	and Number or	Rural Route Number,			
TO THE HOSPITAL OR ATTENDING PHYSICIAN: TO THE FUNERAL DIRECTOR: After this certifical be filled within 72 hours after death with the StatiMPORTANT: If item 28 is marked, or ite	COMPLET	anal —	ER: On the beat of								cause(a) and manner as stated.			
THE HO THE FUI filed witi	BE C	290. SIGNATURE AND TITLE OF CERTIFIE	1620	Da	1.5		29c. LICENSE NO	JMBER	()	29d. DATE S	BIGNED (Month, Day, Year)			
5 5 3 3	임	30. NAME AND ADDRESS OF PERSON WA	TO COMPLETED CAU				V-1	000	2 2		122170			
3		KWANG S. K	M 5	OW. 8	dmor	iste	on Dy	· K	OCKU	ILLE	MD 20852			
		31. DATE FILED (Month, Day, Year)	32. REGISTA	ha Savidson	-Randelle									
			0											

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	1 - FOR STATE O	F MARYLAND / DEPARTMEN CERTIFICAT	IT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	90 28724
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH MONTH DAY	3. TIME OF OEATH
	Bishop	Christian Helfenb	ein	10	6 90 400 AM
	4. SOCIAL SECURITY NUMBER 5. SEX	and the second second second second	ER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
	217-01-1679 ¹\mathbb{R} \times 2	83 YRS.	BATS HOUNS MIN.	07/24/07	MD
~	9a. FACILITY NAME (If not institution, give street and number	1 44	TY, TOWN OR LOCATION OF DE	EATH	9c, COUNTY OF DEATH
DIRECTOR	Brooke Grove No	using Home c	lney		Montgomery
EC	10a. STATE 10b. COUNTY	10c. CITY, TOWN	OR LOCATION		10d. INSIDE CITY
님	MD Baltimore	City Baltimo	ore		LIMITS? 1 ☑ YES 2 ☐ NO
AL	10a. STREET AND NUMBER		10f. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?
FUNERAL	309 Moravia Road		21214		USA
E I		DENT EVER IN U.S. ARMED 13	I. WAS DECENDENT OF HISPAN If yes, specify Cuban, Maxica		r No— 14. RACE — American Indian, Black, White, etc.
ВУ		VE WAR OR DATES	1 TES 2 NO Specify		Specify: White
	15. DECEDENT'S EDUCATION	16a. DECEDENT'S USUAL	OCCUPATION	16b. KIND OF BUSIN	
E.	(Specify only highest grade completed) Elementary/Secondary (0-12) Collega (1-4)	(Give kind of work don	e during most of working .)		
NP.	2	Factory Rep	./Butcher	Retai	l Sales
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NA	ME (First, Middle, Maiden Su	imame)
BE	Christian Helfenbein		Ella L		
0	19a. INFORMANT'S NAME (Type/Print)		SS (Street and Number or Rural I	- Continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of the continue of	ELECTRIC CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CO
	Ann H. Bohnet		stline Dr. Si		
	1 St Buriet 2 □ Cremation 3 □ Ramoval from Stat				TION — City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Moreland Mem	NAME AND ADDRESS OF FA	CILITY	timore County, MD
	> Thomas K. Helps	//.	om Helfenbei 06 Shamrock	n Funeral H	
	23. PART I. Enter the diseases, or complications shock, or heart fellure. List only one	thet coused the deeth. Do not ente	er the mode of dying, suc	h ss cerdiec or respira	
			1	,	Interval Between Onset and Death
	disease or condition a. C. C.	reprovoscular	- Hecide	ut	minules
	DU	E TO (OR AS A CONSEQUENCE OF):	1 . 1		Onset and Death MINULES DISEASE YEUVS
CERTIFICATION	Sequentially list conditions, Du	E TO (OR AS A CONSEQUENCE OF):	cherotic V	oremon	visease years
AT	cause. Enter UNDERLYING				
Ĭ	triat mitiated events	E TO (OR AS A CONSEQUENCE OF):			
ER	resulting in deeth) LAST				
I C	PART II. Other significent conditions contributing	g to death but not resulting in the	underiving ceuse given in	Part I. 24s. WAS AN AI	UTOPSY 24b. WERE AUTOPSY FINDINGS
44	Parkenson's DIST TRANSIENT \$40	eaco		PERFORM	ED? AMAILABLE PRIOR TO
MEDIC	TRANSIENT FLC	Genir ATTAC	cks	1 □ YES 2	OF DEATH?
Σ.		THE THE	,,,	—	T TES 2 TAO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF OEATH (Ch	eck only one)	
SIC	EXAMINER? 1 YES 2 ANO 1 Inpatiant		ER: ursing Home 5 - Residence	6 Other (Specify)	
PHY	(Mo	E OF INJURY 26b. TIME OF INJURY	28c. INJURY AT WORK?	28d. OEŞCRIBE HOW INJ	JURY OCCUREO
ВУ	2 Accident Investigation	N/A M	1 TYES 2 NO		
<u>a</u>	3 Sutcide 6 Could not be determined	CE OF INJURY — At home, farm, street, fa ding, etc. (Specify)	actory, offica	28f. LOCATION (Street and City or Town, State)	d Number or Rural Route Number,
COMPLET	29a. CERTIFIER (Check only	ast of my knowledge, death occurred at the	e time, data and place, and dua	to the cause(a) and mann	or an stated.
OM					due to the cause(a) and manner as stated.
ш	291 BIONATURE AND TITLE OF CENTIFIER	4.5	29c. LICENSE NUI	MBER	29d. DATE SIGNED (Month, Day, Year)
TO B	Millonin	MD	MD D	37495	10/6/90
-	30 NAME AND ADDRESS OF PERSON WHO COMPLETED	CAUSE OF DEATH (ITEM 27) (Type, Print)	7-5/	7	• / /
-	11710 Halvey Dr.	ROCKVILLE M	10 2083	_	
	31. DATE FILED (Month, Day, Year) / 32. REGI	strar's signature Julia Davidson-Randall			
	00111 30	Juna wayasan-Managele	•		

DHMH-18 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2* mours after death. Page 6 may be retained by the hos TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be field within 72 hours after death with the State Dest. of Health and Mental Hydlene prior to burial, cremation, or removal. IMPORTANT: It leam 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day,

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

	FOR 1 - STATE REGISTRAR	STATE OF MA			MENT OF	HEALTH AND I		GIENE G. NO.	9 (0 2	28725
	1. DECEDENT'S NAME (First, Middle, Last) Betticia	в.	neri!	Harr	ison		2. DATE OF DI	05/90	YE.		IME OF DEATH
	4. SOCIAL SECURITY NUMBER 578-40-2784	1 🗆 M 2 🗆 F	8. AGE (In yrs. last b		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI	тн 728	C	ountry)	ersey
TOR	99. FACILITY NAME (If not institution, give st Anne Arundel Med		er		Annapo	or location of de lis	EATH		nne		
DIRECTOR		Arundel		Ann	apolis						. INSIDE CITY LIMITS?] YES 2 [NO
FUNERAL	100-1097 Riverbay Ro	ad			1	of. ZIP CODE 214(01	100	U.S.	OF WHAT	COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 NO	ED	If yes, s	CENDENT OF HISBAN pecify Cuben Mexice S 2 NO Specify	n, Puerto Rican,			Bleck, Wh	American Indian, lite, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementery/Secondery (0-12)	CATION completed) College (1-4 or 5+)	(Give	EDENT'S (kind of w lo NOT use Memal	JSUAL OCCUPAT ork done during n retired.)	ION ost of working	HOM	OF BUSINES			
BE COI	17. FATHER'S NAME (First, Middle, Lest) Raymond A. Bergs	trom				16. MOTHER'S NA Mary La	ang				
10	190. INFORMANT'S NAME (Type/Print) Mr. William Harr	ison, Sr.			address (Street iverbay	and Number or Rural i Road		y or Town, Sta polis		MD	21401
	20e. METHOD OF DISPOSITION 1	oval from State	206. PLACE OF	o)Crei	natory	emetery, cremetory or		20c. LOCATIO	ore,	Mary	land
	21. SIGNATURE OF FUNERAL BERVICE MC	2. And	Lane	0		and address of fa					
	23. PANT I. Enter the diseases, promoted in the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the con	Dmplications that List enly one caus	caused the deale on each line.	th. Do no	ot antar the m	ode of dying, suc	h as cardiac (or reapireto	ry arreat,		Approximata Interval Between Onset and Death
_		DUE TO (OR AS A CONSEQU	JENCE OF):						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (6	OR AS A CONSEOL	JENCE OF):						
ERTIFI	that initiated events resulting in death) LAST	d	OR AS A CONSEOU	JENCE OF):						
MEDICAL	PART II. Other algolificant condition	a contributing to a	Hay	dulting l	n the underlyl	ng cause given in	100	WAS AN AUTO PERFORMED		CON	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 — YES 2 X NO	HOSPITAL:	/ _ER/Outpatient 3 [DOA	OTHER:	TLAGE OF DEATH (Ch		city)			
	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28e. DATE OF I (Month, De	INJURY y, Year)	26b. TIME INJI	E OF 28c. II	IJURY AT YORK?	28d. DESCRIB		RY OCCUR	ED	
TED BY	2 Accident investigation 3 Suicide 6 Could not be determined	28e. PLACE OF building, s	INJURY — At homate. (Specify)	ie, farm, s	treet, factory, of	ice	281. LOCATION City or Tox		Number or F	Rural Route	Number,
COMPLETED	anni anni	CIAN: To the best of r								ruse(e) en	d manner se stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Mule	luis 7	110		29c. LICENSE NU	MBER	290	d. DATE, SA	LG I	190
입	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	E OF DEATH (ITEM	27) /Type	Print)				7	1	

and the second state of the

TO BE COMPLETED BY FUNERAL DIRECTOR

6, BALTIMORE, MARYLAND 21203-3146	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 mount after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transf be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
(13146	e executed	an and com to burial, (umatic ev	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	certificate by	ding physicia lygiene prior	r other tra	
JS, P.	the death	y the attended Mental H	injury, or	
ECORI	equires that	en signed by of Health an	hows any	
ITAL B	N: The law I	ficate has be State Dept.	Item 23	
OF V	PHYSICIA	r this certil	arked, or	
/ISION	ATTENDING	ECTOR; After s after deatl	1 28 is mi	
6	SPITAL OR	JERAL DIRE	IT: If item	
	- 53	ZE	2	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

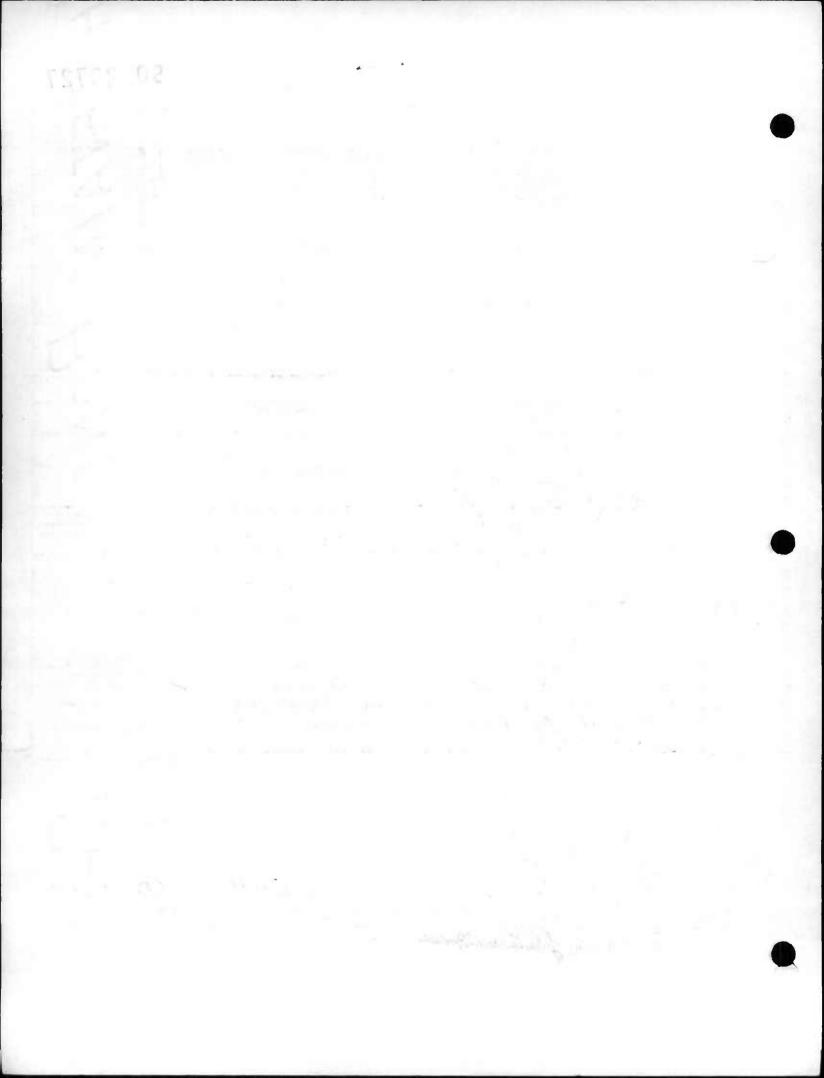
1 - STATE REGISTRAR	SIAIE	UF MIANTL				DEATH	MENIA	REG. NO.	C		
1. DECEDENT'S NAME (First, Midd								OF DEATH			3. TIME OF DEATH
CHARLES W. HA	RRIS						10	н <u>р</u> а	, 6	O	7:50p M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE ('In yrs. last birthday)	-	DER 1 YEAR	IF UNDER 24 HRS.	1 (Mont	OF BIRTH h, Day, Year)		8. BIRTH Countr	IPLACE (State or Foreign
214-16-7512	1 X M 2	□ F 68	YRS.	MONTH	S DAYS	HOURS MIN.		/22		000	MARYLAND
9e. FACILITY NAME (If not institution	on, give street and num			9b. C	ITY, TOWN	OR LOCATION OF DE			9c, COU	NTY OF D	EATH
VA MEDICAL CEN	TTFR				FT. H	HOWARD			BA	LTI	1ORE
RESIDENCE OF DECEDE			400 017	V 70W	N OR LOC	ATION	-				10d. INSIDE CITY
	NNE ARUNI	ET.			OLIS	ATION					LIMITS?
10e, STREET AND NUMBER	ETTE TETTE			. 42 22		0f. ZIP CODE			10- 017	TEN OF Y	1 X YES 2 NO
The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	מתוי איכוכונ				- [21401			US		WHAT COUNTRY?
65 COLLEGE CF		CEDENT EVER II	NIIC ADMED	_	42 148 0	CENDENT OF HISPAN		10 (014 · V			F. American tedler
1 Never Merried 2 X Merri	FORCE	S? 1 X YES	2 NO	- 1	If yee, s	specify Cuben, Mexico	n, Puerto		or No—		E — Americen Indien, k, White, etc.
3 Widowed 4 Divorced		GIVE WAR OR D			1 YE	S 2 NO Specify	у:			Spec	ny: LACK
	T'S EDUCATION	471/	18e. DECEDENT'S	USUAI	L OCCUPAT	TION	180	, KINO OF BUS	INESS/IN		LATOR
Elementary/Secondery (0-12)	est grade completed) College (1	-4 or 5 +)	Ille. Do NOT L	ise retire	id.)	nost of working					
			TAXI	CAE	B DR	IVER	C	OLONI	AL	& AF	RUNDEL CAB
17. FATHER'S NAME (First, Middle,	Last)					18. MOTHER'S NA	ME (First,	Middle, Maiden	Sumame)		
FRANK	HARRIS					LILL	IAN	IMSEY			
19e. INFORMANT'S NAME (Type/P	rint)		19b. MAILIN	G ADDR	RESS (Street	end Number or Rural	Route Num	ber, City or Town	n, State, Zi	p Code)	02.4.02
	ANNA	HARRIS	65 C	OLL	EGE	CREEK 7	CERR	ACE A	NNA	POLI	$s. MD.^{21401}$
20e. METHOD OF DISPOSITION 1 ☑ Burlel 2 ☐ Cremation 3	□ Pomouni from C	200				semetery, cremetory or				City or To	
4 Donetion 5 Other (Spec		HI	LL CRE			ETERY		ANN	APO	LIS,	MD.
21, SIGNATURE OF FUNERAL SEI	TVICE LICENSEE				22. NAME .	AND ADDRESS OF FA	CILITY 8	21 WE	ST S	ST.	ANNAPOLIS,
17	MA	0.00			DEE	OF CON	70 14	0.0.00			
23. PART I. Enter the disease	es or complication	one that cause	d the death. Do	not an		SE & SON					Approximata
	fallure. List only o			not an	icai ciia ii	loud of dying, and	iii da Celi	diac of respi	iatory a	1000,	Interval Between
IMMEDIATE CAUSE (Final disease or condition											Onset and Death
resulting in death)	a		RMINAL L		CAN	CER					
		00L 10 (011 AD)	A CONSECUENCE C	,. _j .							
Sequentially list conditions	b	OUE TO (OR AS /	A CONSEQUENCE O	OF):							
If any, leading to immediate cause. Enter UNDERLYING											ļ
CAUSE (Disease or Injury that initiated events	°	DUE TO (OR AS	A CONSEQUENCE (OF):							
resulting in death) LAST											
PART II. Other significant c	onditions contribu	ting to death i	out not reaulting	In the	undarly	ing cause given in	Part I.	24a. WAS AN PERFOR		241	AVAILABLE PRIOR TO
								1 🗆 YES 2	NO		COMPLETION OF CAUSE OF DEATH?
											1 YES 2 NO
25. WAS CASE REFERRED TO ME EXAMINER?				I ==:		PLACE OF DEATH (C)	heck only o	nne)			
1 TYES 2 NO	HOSPIT 1 Vinpati		patient 3 DOA		HER: Nursing H	ome 5 - Residence	a 🗆 Oth	er (Specify)			
27. MANNER OF DEATH		DATE OF INJURY Month, Day, Year)	28b. TI	ME OF		NJURY AT WORK?	28d. DE	SCRIBE HOW I	NJURY O	CCURED	
1 Natural 5 Pend 2 Accident Inves	ing digation	200000000000000000000000000000000000000				YES 2 NO					
3 Suicide a Coul	d not be	PLACE OF INJURY	Y At home, ferm,	atreet,	factory, of	fice	28f. LO	CATION (Street of Town, State)	end Numb	er or Rural	Route Number,
4 Homicide deter	mined										
29e. CERTIFIER (Check only	NG PHYSICIAN: To the	best of my know	viedge, death occur	red at t	the time, de	ate end place, end du	e to the co	euse(e) end ma	nner ee st	ated.	
ana)	EXAMINER: On the b	sele of examination	on end/or investigat	lon, In I	my opinion	, death occured at the	time, dat	e end plece, er	nd due to	the ceuse((e) end manner ee stated.
29b. SIGNATURE AND TITLE OF	CERTIFIER	11		_		29c. LICENSE NU	MBER		29d DA	JE SIGNE	D (Month, Day, Year)
		XW	M			DZA4	525	}	10	14 4	
30. NAME AND ADDRESS OF PE	RSON WHO COMPLET	ED CAUSE OF D	EATH (ITEM 27) (Tur	e. Print) .	1030-	J 24 (,			
Dr. Anil Patel						Howard. M	arv1	and 210	052		
31. DATE FILED (Month, Day, Year)	A 32. R	EGISTRAN'S SIGI	MATURE	~ ,			- J -				
OCT 9 1990	Letia Saids	n-Mande	Dien								
1001 7 1000		200000	_								

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the property of

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27 Hours after death. Page 6 may be retained by the hospital or attending physician.	
TO THE FUREAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perhit. Pages 1, 2, 3 should	
De med writin 72 hours site death with the state begin on heath and higher prior to contact be medical examiner must be notified at once.	

	REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO		
	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF OEATH	9 OEAR	3. TIME OF DEATH
	ALMA P	HOLZER	E (In yrs. last birthday)	UNDER 1 YEAR	E 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
	214-40-3029	1 🗆 M 2 💢 F	32 YRS. MOI	THS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Pay, Your) 9-11-190	8 Î T	
OR	90. FACILITY NAME (If not institution, give NORTH ARUNDE			EN BU	RNIE	ATH	96. COUNTY OF ANNE A	RUNDEL
DIRECTOR	nesidence of decedent 10a. STATE 10b. COUNT Ann	ne Arundel Co		Burni				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL D	100. STREET AND NUMBER 7630 Solley Ro		J. aren		ZIP CODE 21060		10g. CITIZEN OF	WHAT COUNTRY?
	11. MARITAL STATUS	12. WAS DECEDENT EVE	O IN II S ADMED	12 WAS DEC		IC ORIGIN? (Specify Yes		CE — American Indien,
	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YE	S 2 (1)NO	If yes, sp	city Cuben, Mexican 2 NO Specify	, Puerto Rican, etc.)	Bia	ck, white, of the
	15. OECEDENT'S EDI (Specify only highest grad		16a. DECEDENT'S USL	JAL OCCUPATIO	N at of working	166. KIND OF BU	SINESS/INDUSTRY	100
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Give kind of work life. Do NOT use re School Te			Educa	tion	
	17. FATHER'S NAME (First, Middle, Lest) Bert	Pickett			18. MOTHER'S NAI	ME (First, Middle, Malden	sumame) Blanken	ship
TO BE	199. INFORMANT'S NAME (Type/Print) Helen Hackmann					Burnie, M		
	20g METHOD OF DISPOSITION 1 Ø Burtel 2 Commetion 3 Red 4 Donation 5 Other (Specify)	novel from State	Sylvan Ab	bey Mei	netery, crematory or		earwater	
	21. SIGNATURE OF FUNERAL SERVICE L	etidae (7.	22. NAME A	D ADDRESS OF FAC			
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A DUE TO (OR A DUE TO (OR A	S A CONSEQUENCE OF):	alia	-Japa	ity		Onset and Death
PHYSICIAN: MEDICAL CER	PART II. Other significent condition Found in At Home Fortybe Tell	Four Bond	C B	For	Escph	PERFO 1 - YES	RMED?	ID. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 F-70
B	EXAMINER? I YES 2 NO 27. MANNER OF OEATH I Natural 5 Pending a Accident 3 Susande 4 Could not by	28a, PLACE OF INJ	Outpatient 3 R DOA 4 RY 28b. TIME 0 INJURY JRY — At home, farm, stre-	F 28c. IN. WC	URY AT RK? /ES 2 NO	6 Other (Specify) 28d. OE\$CRIBE HOW 281. LOCATION (Street City or Town, State	and Number or Run	i Route Number,
TO BE COMPLETED	comi	SICIAN: To the best of my kn MER: On the basis of examinating	nowledge, death occurred a	n my opinion, o	29c, LICENSE NU	to the cause(e) end me time, date and place, a WBER	nner ee stated. nd due to the cause 29d. DATE SIGNI	ED (Month, Day, Year)
	31. DATE FILED (Month, Day, Year) OCT 1 2 1990	22. REGISTRAR'S S		,				



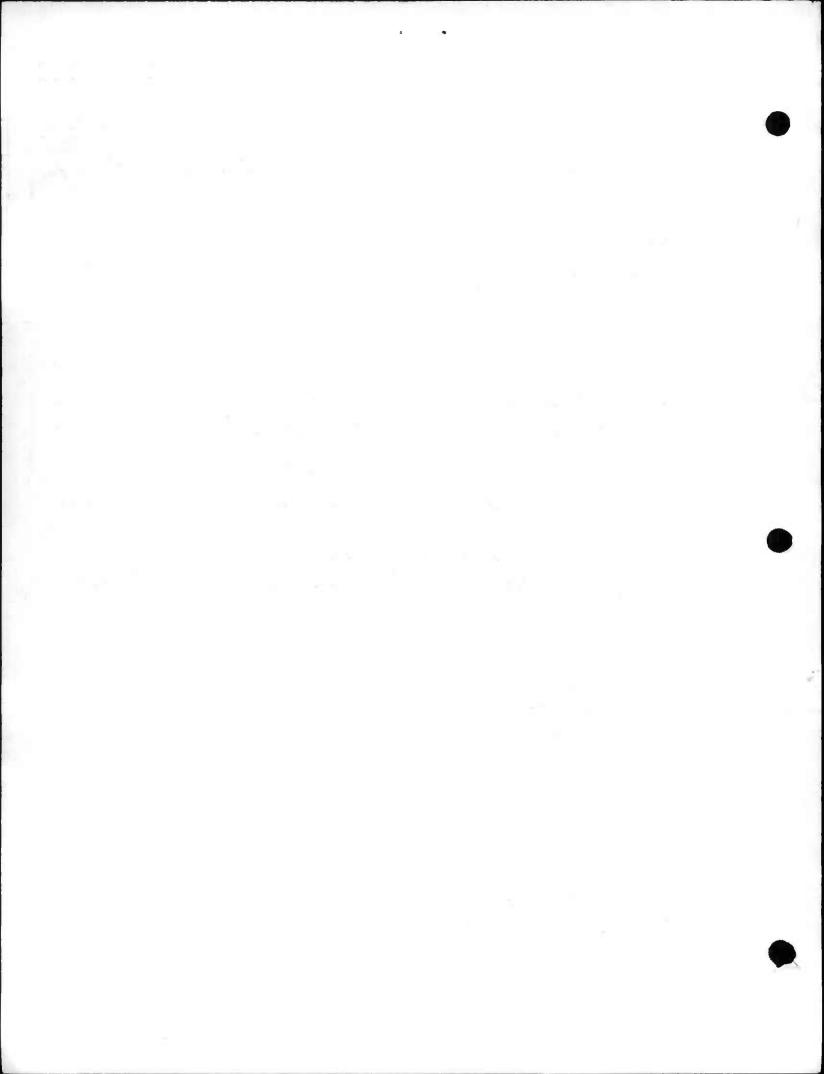
BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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Г	1.	D	ECI	OE	NT	'S	N/
P							
u							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

_	REGISTRAN		OLITTI	OAIL OI	DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH	V VEAR	3. TIME OF OEATH
1	Clara	I	Huff			Sept. I	9 1990	1:32 P M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. lest birthdey)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. OATE OF BIRTH	8. BIRT	HPLACE (State or Foreign
	213-14-7/062	1 M 2 PF	7 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	ZZ Count	V. / / /
	9e. FACILITY NAME (If not institution, give atr			Sh CITY TOWN O	R LOCATION OF DE		9c. COUNTY OF C	Tidgely
or.				_		-Ain		
DIRECTOR	Memorial Hos	pital		Easto	<u>n</u>		Tall	oot
5	RESIDENCE OF DECEDENT 10a, STATE, 1 10b, COUNTY	··	Table CIT	Y, TOWN OR LOCAT	ION			10d. INSIDE CITY
<u>E</u>	M	21/1	1					LIMITS?
	1.101	Rolline	7	1109011				1 YES 2 ANO
Z	10e. STREET AND NUMBER	1 00 1	1 2	W 101	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
E	MAI BOXT	6 ouds	ely in	nd.	2166	0	0	15A
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S./ARMED			NIC ORIGIN? (Specify Yes	or No- 14. RAC	E — American Indian, k. White, etc.
	1 Never Merried 2 Merried	FORCES? 1 Y		If yes, spo	2 NO Specify	in, Puerto Rican, atc.)	Spec	W - 1
BY	3 Widowed 4 Divorced				- 62	, -		Black
COMPLETED	15. OECEDENT'S EDUC	ATION	16e. DECEOENT'S	USUAL OCCUPATION	ON .	16b. KINO OF BUS	SINESS/INDUSTRY	
	(Specify only highest grade of Elementary/Secondery (0-12)	College (1-4 or 5+)	Iffe. Do NOT us	work done during mo se retired.)	st or working	10		
ᆸ	11			aborci	0	(nunt	ov toid	o-toultor
2	17. EATHER'S NAME (First, Middle, Lung)		~	arone		ME (First, Middle, Meiden	Subnama)	/
	10				anda.	7-01	0 4	
BE	19e. INFORMANT'S NAME (Type Print)	mas			violet.	ne //ly	man	
9	P 1 1 1		9 //	DOMESS (STOOL)	go number or Hurai	Route Number, City or Tow	State, Zip Code)	16001
	(Maent My	-	2101	Louis A	1 11/1	minge	er, Us	1.17001
- 1	20e. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remo	val from State	20b. PLACE OF DISPOS other place)	SITION (Name of cer	netery crematory or	50. ro	CATION - City or T	own, State
	4 - Oonetion 5 - Other (Specify)		—	PRING	GROVE		enton.	Md.
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE		22. NAME A	D ADORESS OF FA	CILITY BOND	ie Smit	to Funeral Home
	► 72 ·	1 71		7 .	2.402	a 11.01.	-6 211	2 1 1/2
	23. PART I. Enter the diseasee, or c	amplications that say	and the death Do	T.0.1	DOX 902	8 MURIO	1,100	21643
	shock, or heart fellure. I	list only one ceuse o	n each line.	not enter the mo	de or dying, suc	in es cerdisc or reep	retory errest,	Approximete Interval Batwean
	IMMEDIATE CAUSE (Finel		1 -	11				Onset and Death
	diseese or condition resulting in deeth)	· car	fromy !	anthe	7			
		DUE TO (OR	S A CONSEQUENCE O	F)	,	1 -	/ /	
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3	cause, Enter UNDERLYING							
Ē	CAUSE (Disease or Injury that initiated events	DUE TO (OR	AS A CONSEQUENCE O	F):				
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EDICAL	PART II. Other algnificent condition	contributing to dee	h but not resulting	In the underlyin	g cause given in	Part I. 24a, WAS AN PERFOR		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
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2	(0,14	1.1	and Hickey	4	*	_		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	William The	- Fran Jan	26. P	ACE OF DEATH (CA	neck only one)		
2	EXAMINER?	HOSPITAL:	Outpetlant 3 - DOA	OTHER:				
₹	27. MANNER OF DEATH	28e. DATE OF INJU			URY AT	6 Other (Specify) 28d. DESCRIBE HOW	MILIEV OCCUPED	
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ВУ	2 Accident Investigation	00- 01-05-05-01	umu aabaa a					
Ω	3 Suicide 8 Could not be 4 Homicide determined	building, etc.	URY — At home, farm, Specify)	street, ractory, offic	a	261. LOCATION (Street City or Town, State)	and Number of Hural	Houle Number,
COMPLETED	4 Homicios determined							
7	29a. CERTIFIER (Check only) 1 X CERTIFYING PHYSIC	CIAN: To the best of my k	nowledge, death occurr	red at the time, date	end place, and due	to the cause(a) end me	nner sa stated.	
<u>S</u>	one) 2 MEOICAL EXAMINE	R: On the basis of examin	ation end/or investigati	on, in my opinion, o	leath occured at the	time, date end piece, ar	nd due to the ceuse	(a) and menner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c, LICENSE NU			O (Month, Day, Year)
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	30. NAME AND AODRESS OF PERSON WH	COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	Print)	1	_	1	MA 2160
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29b. SIGNATURE AND TITLE OF CERTIFIER

William H. Wood Jr.

1000

32. REGISTIANO SIGNATURE

M.D.

30. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 3/1) (Type, Print)

FUNERAL DIRECTOR: A within 72 hours after o Item 28

TO THE HOSPITAL
TO THE FUNERAL (
be filed within 72 h
IMPORTANT: If II

or attending physician.

21203-3146

detached for use as the burial-transit director, page 5 should be notified at pe must examiner funeral the medicai filled in by completely filled in nal. cremation, or the event, After this certificate has been signed by the attending physician and con death with the State Dept. of Health and Mental Hygiene prior to burial. traumatic injury, or other shows any 23 item marked, or

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH YEAR **JOHN** PAUL HOLT 10 4 SOCIAL SECURITY NUMBER 5 SEY 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 204-05-8729 1 M 2 - F 73 YRS. Nov.6,1916 Phila. Penna 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Church Neck Rd. St. Michaels Talbot RESIDENCE OF DECEDENT 10d. INSIDE CITY LIMITS? 10a. STATE 10h COUNT 10c. CITY, TOWN OR LOCATION Maryland Talbot Michaels 1 TYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f, ZIP CODE 10g. CITIZEN OF WNAT COUNTRY? Church Neck Rd. 21663 .Α 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ▼ YES 2 □ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-1 Never Married 2 Married
3 Wildowed 4 Divorced If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 TYES 2 NO Specify: Specify: White BY COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) V. P. Resco Corp. _____ 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) John Paul Marie BE Zeckwer 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Susan B. Holt Church Neck Rd. P.O. Boc 669 St. Michaels, Md. 2166 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, State Maryland State Anatomy Board 4 Donation 5 Other (Specify) Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Harrison E. Leonard Funeral Home 21663 teruson Talbot St. St. Michaels 312 S. Maryland 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or haart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disesse or condition ine DUE TO (OR AS A CONSEQUENCE OF): resulting in death) Ulmel with CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUÊNCE OF): if sny, leading to immediate Au Ouseau cause. Entar UNDERLYING CAUSE (Disease or injury . Entar UNDERLYING OUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one, HOSPITAL: OTHER: 1 YES 2 HO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ne 5 Residence 6 - Other (Specify) 4 🗌 Nurs 27. MANNER OF DEATH 26a, DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED INJURY 1 Natural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) ED 6 Could not be determined 4 - Homicida COMPLET 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis

29c. LICENSE NUMBER

Dutchmans Lane Easton, Maryland

on and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and n 29d. DATE SIGNED (Month, Day, Year) 10 **DHMH-16 Rev 1/89**

DHMH-16 Rev 1/89

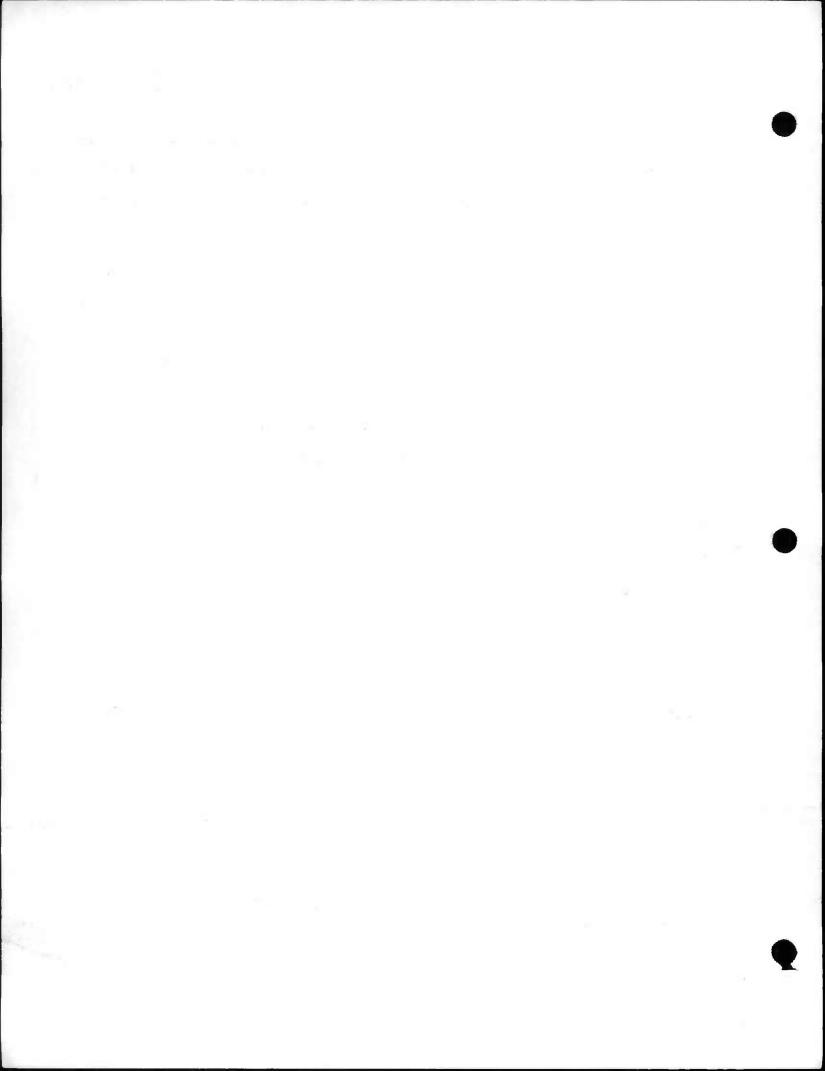
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	1. DECEDENT'S NAME (First, Middle, Last)		e Jean Hi	uckab	ee		2. DATE	OF DEATH	W 20	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		Kabee E (In yrs. last birthday)	T 10 10 10 10 10 1			250		29	1990	1900 B W
	063-07-0696			IF UNDER 1 Y	AYS HO	INDER 24 HRS. JRS MIN.	(Month	Day, Year)	0.0	Countr	PLACE (State or Foreign y)
- 1	9e. FACILITY NAME (If not institution, give str		83 YRS.	AL OUTY TO	2111 00 10	CATION OF	Nov	. 19,	06		and
œ	Magnolia Gardens		lomo	Lani		CATION OF	DEATH		11.	NTY OF D	George's
DIRECTOR	RESIDENCE OF DECEDENT	ivar sing r	Tonie	Lain	Iaiii				FER	ice (Jeorge s
Ä	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR	LOCATION					Ĭ	10d. INSIDE CITY
ā	Maryland Prince	George's	W.	Hyat	tsvill	е					YES 2 NO
₹I	10e. STREET AND NUMBER		2.00		10f. ZIP				10g. CIT	IZEN OF V	YHAT COUNTRY?
崱	5704 31st Avenue				2	0782			U	.S.A	
FUNERAL	11. MARITAL STATUS 1 Never Merried 2 X Merried	12. WAS DECEDENT EVE FORCES? 1 Y	R IN U.S. ARMED	13. WA	S DECENDERS, specify	NT OF HISP. Cuben, Mexi	ANIC ORIGIN can, Puerto R	? (Specify Yes	or No-	14. RACE Black	- American Indien, k, White, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OF		10	YES 2X	NO Spec	offy:			Speci	
	15. DECEDENT'S EDUC	ATION	16e. DECEDENT'S	USUAL OCC	UPATION		16b.	KIND OF BU	SINESS/INI		inte
	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done dun se retired.)	ing most of	working					
립	11th	print offers place place place print game	House	wife				at h	ome		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)							fiddle, Maiden	Surname)		
BEC	Joseph Besten		-11-			Rose	Karko	ota			
10 B	196. INFORMANT'S NAME (3 post-ring)	31	19b. MAILING	ADDRESS (S	Street and N	imber or Rure	I Route Numb	er, City or Tow	n, State, Zij	Code)	
F	William B. Huckal	4	5704	31st A	venu	ie, W	. Hya	ttsvil	le, N	ld.	20782
	20e METHOD OF DISPOSITION 1 A Burlel 2 Cremetion / Paris 4 Donetion / 5 Dotter A Burlel	Asternan State	20b. PLACE OF DISPO	SITION (Name	of cemetery	crematory o	7		CATION —		
	4 Donetion 5 Ottyler (Schooly)	$H = I\Lambda$	Ft. Linc					Br	entw	/00a /	, Maryland
	21. SIGNATURE OF PUPERAL SERVICE LA	15 /				DRESS OF		200	IC EI	INIEE	RAL HOME
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	PART i Entar the diseases or c shock, or haert failure. L IMMEDIATE CAUSE (Finel	omplication a that cau list only one cause of	sed the death. Do	not antar th	a mode d	f dylng, sc	ich sa card	lac or reap	iratory ar	rest,	Approximata intervel Between Onset and Death
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F	reaulting in death) LAST	1									
	PART ii. Other algnificant conditions	e contributing to deat	h hut not regulting	in the unde	vivina co	una alumn l	n Part I	24a, WAS AN	Attroney	T 0.45	WERE AUTOPSY FINDINGS
MEDICAL	A A A	A. M. A.A.	n out not resulting	1 tha unde	erlying ca	use given i	n Part I.	PERFOR		246	AVAILABLE PRIOR TO COMPLETION OF CAUSE
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e							- 1				1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL				28 PLACE	OF OFATH /	Check only on	el .			
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H	27. MANNER OF DEATH	28e. DATE OF INJU	RY 28b. Till	AE OF 2	Bc. INJURY		6 COther	CRIBE HOW I	NJURY OC	CUREO	
	1 Natural 5 Pending	(Month, Day, Yes	lr) IN	JURY M	WORK?	2 🗌 NO	***************************************				
) BY	2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE OF INJ	JRY — At home, farm,	street, factory	, office			ATION (Street		r or Rural I	Route Number,
	4 Homicide determined	building, atc. (эрөску)				City	or Town, State)			
٦	290. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my ki	nowledge, death occur	red at the time	e, date end	place, end d	ue to the cau	se(e) end ma	nner ee sta	rted.	
COMPLETED	(Check only one) 2 MEDICAL EXAMINE										e) end manner ee stated.
	258. SIGNATURE AND TITLE OF CENTIFIER				290	LICENSE N	UMBER		29d. DAT	TE SIGNED	(Month, Day, Year)
BE	dent of t	A. 41. A.	11.	Lance					•	10	1/6x
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 27) (7/1)	Printi						19	11/6
	NN Lune	16									
	DOT 0 2 00	22 BEGISTHAR'S	IGNATURE MATURE								
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BALTIMORE, MARYLAND 21203-3146	ours after death. Page 6 may be retained by the hospital or attending physician.	I in by the funeral director, page 5 should be detached for use as the burial-transport in the funeral.	nedical examiner must be notified at once.
	14.10	filled tion, o	the 1
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mous after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

28731 90 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - FOR STATE REGISTRAR	TATE OF MARYLA		TMENT OF H		MENTAI	HYGIENI REG. NO.	E 31	20131	
	1. DECEDENT'S NAME (First, Middle, Last)		-			2. DATE	OF OEATN		3. TIME OF DEATH	
	IDA MA	E HOOKS				100	EP 27.		6:45 A M	
			yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTN n, Day, Year)	8.1	BIRTNPLACE (State or Foreign Country)	
	430-36-6047	M 2 F	71 YRS.				CH 13		TEXAS	
~	9e. FACILITY NAME (If not institution, give street a			9b. CITY, TOWN	OR LOCATION OF DE	HTA		9c, COUNTY	OF DEATN	
DIRECTOR	NATIONAL NAVAL ME	DICAL CENTE	R	BF	THESDA			MONT	COMERY	
EC	10a, STATE 10b. COUNTY			Y, TOWN OR LOCA	TION				10d. INSIDE CITY LIMITS?	
5	DISTRICT OF COLUM	MBIA	W	ashingt	on, D.C.				1 X YES 2 NO	
FUNERAL	10e. STREET AND NUMBER			10	, ZIP COOE			109. CITIZEN	OF WHAT COUNTRY?	
ij	459 NEWCOMB STRE				20032				ED STATES	
<u> </u>	4 Name Married 2 87 Married	WAS DECEDENT EVER IN I FORCES? 1 YES	2 T NO	If yea, sp	ENDENT OF HISPAN ecify Cuban, Mexica	n, Puerlo 1		or No— 14.	RACE — American Indian, Black, White, etc.	
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	E34.7	1 TYES	2 NO Specify	y:			Specify: BLACK	
ED	15. OECEDENT'S EDUCATIO (Specify only highest grade comp		16a. DECEDENT'S	USUAL OCCUPATI	ON out of working	16b	. KIND OF BUS	SINESS/INDUST	TRY	
COMPLETED		ollege (1-4 or 5+)	Ille. Do NOT us	e retired.)	at or working					
MP	7		1	MAID	,		DOME			
	17. FATHER'S NAME (First, Middle, Last)				16. MOTNER'S NA			Surname)		
BE	LOUIS FRANCIS 194, INFORMANT'S NAME (Type/Print)		105 MAII ING	AOODESS /Street	ROSI			n State 7in Con	dol	
2	JESSIE L. HOOKS		1.50		STREET,					
	20a. METHOD OF DISPOSITION	20b.	PLACE OF DISPOS		metery, crematory or	0.0,			or Town, Stata	
	1 Buriat 2 Cremation 3 Removal 4 Donatton 5 Other (Specify)		other place) RMONY M	EMORIAL	PARK		LAN	DOVER.	MARYLAND	
	21. SIGNATURE OF FUNERAL SERVICE LICENSI	EE / 1			ND ADDRESS OF FA					
	+ Mex &	Tone to			ANDER S.				E D.C. 20020	
	23. PART I. Enter the diseases, or comp	olications that caused	tha death. Do r	not antar tha me	oda of dying, suc	h as care	diac or reapi	ratory arrest	, Approximata	
	shock, or heart failura. List IMMEDIATE CAUSE (Final	only ona cause on aac	ch ilna.						Intarval Between Onset and Death	
	disaaaa or condition a	METASTAT	TC COLOR	N CARCIN	OMA					
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ATIC	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	F):						
FIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	F):						
CERTIFICATION	resulting in death) LAST									
	PART II. Other significant conditions co	ntributing to death bu	t not moulting	la the underlyin	a course shop in	Don't	24a, WAS AN	AUTODOV	24b. WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDICAL	PART II. Othar significant conditions co	Antibuting to death bu	t not resulting	in the underlyin	g cause given in	rart i.	PERFOR	IMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
Š						- 1	1 YES 2	Х но	OF DEATH?	
Σ						_			1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL			28. P	LACE OF DEATN (Ch	eck only or	7e)			
SIC		OSPITAL:	tient 3 DOA	OTHER:	ne 5 🗆 Residence					
H	27. MANNER OF OEATN	28a. OATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN	JURY AT	T .		NJURY OCCUR	ED	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(MOIRI, Day, Idai)	1140		YES 2 NO					
								and Number or I	Rural Route Number,	
ETE	4 Homicide determined									
COMPLETED	29a. CERTIFIER (Check only one) CERTIFYING PNYSICIAN	: To the best of my knowle	dge, death occurr	ed at the time, dat	and place, and due	to the car	use(a) and me	ner as stated.		
Š	d due to the co	ause(a) and menner as stated.								
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	5001000	Luan		29c. LICENSE NU	MBER			GNED (Month, Day, Year)	
2	Mishel (W)	CDR/MC	L	<u>:</u> :					SEPT90	
	30. NAME AND ADDRESS OF PERSON WHO/CO		тн (ITEM 27) <i>(Тур</i> е	10	ATIONAL :					
	J. KISHEL, CDR,	MC, USN 32. REGISTRAR'S SIGNA	TURE	В	ETHESDA,	MAK	LLAND	20014-	2011	
	nct () 1 '90	Lulia Davidson	Randell							



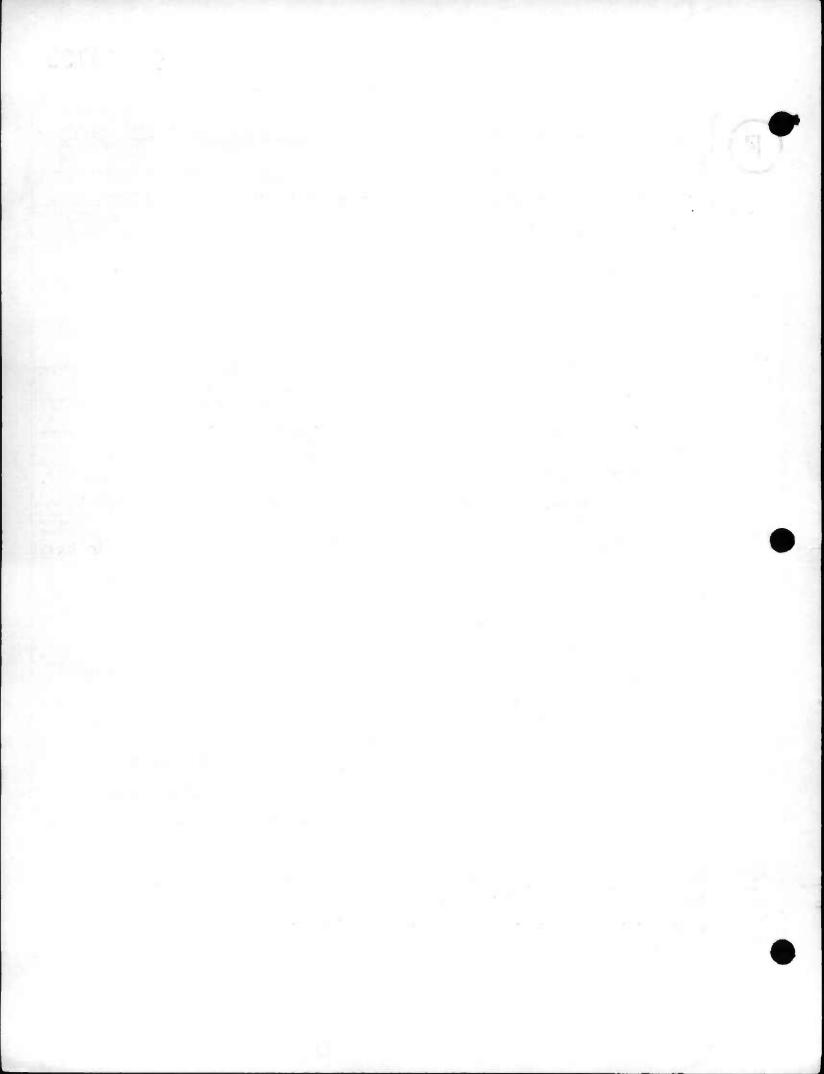
YSICIAN: The law requires that the death certificate be executed within 24 froms after death. Page 6 may be retained by the hospital or aftending physician.) THF FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	uurial, cremation, or removal.	ced, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be exi-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ar	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other trauma	

STATE OF MARYLA	ND / DEPARTMENT CERTIFICATE		MENTAL	HYGIENE REG. NO.
-	. 1		2. DATE O	E DEATH

	1 - STATE STATE REGISTRAR	OF MARYLAND / D		OF HEALTH AND	MENTAL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) FARL EDWI	N He	2. DATE OF DEATH	1990	3. TIME OF DEATH 19 40 M			
	4. SOCIAL SECURITY NUMBER 5. SEX 214-12-5035 1 № 2	6. AGE (In yrs. last b	YRS. IF UNDER	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 0 7 2 3 1 9	916 Maryland		
OR	Peninsula General Hosp	oital		town or Location of D alisbury, M		9c. COUNTY OF	COMICO	
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE							
BY FUNERAL	1 Name Married 9757 Married FORC	DECEDENT EVER IN U.S. ARMI ES? 1 TYES 25 THO G. GIVE WAR OR DATES	H	WAS DECENDENT OF HISPA yes, specify Cuban, Mexic YES 2 NO Specify	NIC ORIGIN? (Specify Yea an, Puerto Rican, etc.)	or No- 14. R	ACE — American Indian, eck, White, etc. pecify: White	
COMPLETED B	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give Ille, D	o NOT use retired.)	uring most of working	(
MPL	4 17. FATHER'S NAME (First, Middle, Last)	Bri	.dge Te		State	of Md	•	
BE CC	Milton Hurle	≥Y		IO, MOINER S NA		Gray		
10 B	19a. INFORMANT'S NAME (Type/Print) Virginia B. Hurley			(Street end Number or Rural Box 151				
	20a. METHOD OF DISPOSITION 1 \$\frac{1}{2} \text{ Burial} 2 \text{ Cremation } 3 \text{ Ramoval from } 4 \text{ Donation } 5 \text{ Other (Specify)}	State E. N. E.	w Mark	et Cemeter; cremetory or	ry E.	-	ket Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE LESSTER L L L L L L L L L L L L L	herre J.	70	NAME AND ADDRESS OF FA	Thomas	Funer	ral Home id. 21613	
	23. PART I. Enter the diseases, or complicate shock, or heert failure. List only immediate cause (Finel disease or condition resulting in death)		win	the mode of dying, suc	ch es cerdiec or reepi	ratory arrest,	Approximate interval Between Onset and Deeth	
CERTIFICATION	Sequentially liet conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	DUE TO (OR AS A CONSEQU						
PART II. Other significant conditions contributing to daeth but not resulting in the underlying ceuee given in Pert I. ASCUD - Congestial Heart Fasture 1 yes 2 No PART II. Other significant conditions contributing to daeth but not resulting in the underlying ceuee given in Pert I. 1 yes 2 No PART II. Other significant conditions contributing to daeth but not resulting in the underlying ceuee given in Pert I. 1 yes 2 No PART II. Other significant conditions contributing to daeth but not resulting in the underlying ceuee given in Pert I. 1 yes 2 No PART II. Other significant conditions contributing to daeth but not resulting in the underlying ceuee given in Pert I. 24a. WAS AN AUTOPSY PERFORMED? 1 yes 2 No DF DEATH?							24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
SIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	Y41.		26. PLACE OF DEATH (C	heck only one)			
IYSI	1 YES 2 NO 1 the	tient 2 ER/Outpatient 3	DOA 4 Nurs	t: sing Home 5 ☐ Rasidenca 28c, INJURY AT	S Other (Specify)	LUEV COOLEE		
BY PF	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY M	WORK? 1 YES 2 NO				
ETED	3 Suicide 6 Could not be 4 Homicide detarmined	PLACE OF INJURY — At hom building, etc. (Specify)	e, rarm, street, racto	огу, отнов	26f. LOCATION (Street a City or Town, State)	ina Number or Hu	rei Houte Number,	
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the						se(a) and manner as stated.	
BE	20b. SIGNATURE AND THILE OF CERTIFIER	5 mo		29c. LICENSE NU D 132	127	10	NED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO COMPLE C. R. LAY TON.		27) (Type, Print) -HVnC -	SAUSBER	4 md 218	01-54	93	
	31. DATE FILED (Month, Day, Year) 32. 1	REGISTRAR'S SIGNATURE	n-Randell	,	T			

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

1 - FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH A	ND MENTAL HYGIENI	E	
1. DECEDENT'S NAME (First, Middle, Last, SUSTE	M. HUSTON			2. DATE OF DEATH DAY September	Y YEAR	23:40
4. SOCIAL SECURITY NUMBER 577-42-2189 9e. FACILITY NAME (If not institution, give	1 🗆 M 2 💢 F	71 YRS. MON	INDER 1 YEAR IF UNDER 24 THS DAYS HOURS I CITY, TOWN OR LOCATION	June 10,19	Country)	nia
Calvert Memorial	. Hospital		Prince Free	erick, Md	Calve	ert
10e. STATE 10b. COUN			wn or Location gton Park		1.5	DI. INSIDE CITY LIMITS7 YES 2 1 NO
6 Eric Rd.			101. ZIP CODE 20601		U.S.A	
11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES7 1 TYPES IF YES, GIVE WAR OR I	2 NO		HISPANIC ORIGIN? (Specify Yes Mexican, Puerto Rican, etc.) Specify:	or No.— 14. RACE — Black, \ Specify:	American Indian, White, atc. White
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		Ille. Do NOT use reti	done during most of working	16b. KIND OF BUS		
8 17. FATHER'S NAME (First, Middle, Last)		Housewife	15, MOTHE	Own Hom		
John W. Anderso	on			red May McFar		
190. INFORMANT'S NAME (Type/Print) Pearl F. Huston		The second second second second		Aural Acute Number, City or Town	n, State, Zip Code) 20601	
20e. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	other place)	N (Name of cometery, cremetery)		cation - city or Town	
21. SIGNATURE OF FUNEBAL SERVICE I	ICENSEE	1. 6/8	22. NAME AND ADDRESS		1000 0	
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. OUE TO (OR AS	Bowel O A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):	bstructur			Onset end Des
	Em PHES MASS N CHEST		e underlying cause giv	en In Part I. 24a. WAS AN PERFOR	MED?	TERE AUTOPSY FINDING VALLABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	28a. PLACE OF INJUR	26b. TIME OF INJURY	M 1 YES 2	dence 6 Other (Specify) 28d. DESCRIBE HOW II		ite Number,
4 Homicide determined						



	NA SHIPS	W.
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 Levius after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bund-transit permit. Pages 1, 2,
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		1. DECEDENT'S NAME (First, Middle, Last)										2. DATE OF DEATH MONTH DAY YEAR			YEAR	3. TIME OF DEA	ATH
7)	- 3	alue K						9 28 90				180	HIM				
PI	- 1	4. SOCIAL SECURITY NUMB		5. SEX 1 ☐ M 2 ³ CX.F	6. AGE	'in yrs. last		IF UNDER	DAYS	HOURS	24 HRS. MIN.		Day, Year)		8. BIRTHP		Foreign
	· I	579-40-1648				70	YRS.						24–19		ITY OF DEA	Md.	
3 shou	æ	9a, FACILITY NAME (If not ins		treet and number)	Im.	0 11	200	96. CITY	, TOWN	OR LOCATE	7				MCC		we can
" 10 EV	CTO	SOUTH (3)		MARY	M	10 11	OCPIT	4		01	114	Tor	7	ITM	1 600	= 4 ac	70
Pages 1	REC	10a. STATE	10b. COUNT	1			10c. CITY	r, town o	OR LOCA	TION					-1	IOd. INSIDE CIT	ſΥ
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ng ph he bu	B≺	XX Widowed 4 Divo		IF YES, GIVE V	WAR OR D	ATES			1 🗌 YE	s ⊅©Xno	Specify	<i>r</i> :			Specify	White	
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al or att	ш	(Specify only Elamentary/Secondary (0	highest grade -12)	Collage (1-4 or 5	+)	(Gin life.	ve kind of v Do NOT us	vork done se retired.)	during m	ost of working	ng						
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the hospit detached once.	COMPL	17. FATHER'S NAME (First, MI	iddle, Last)							18. MOT	HER'S NA	ME (First, Mi	ddle, Malder	Surname)			
d be	ш	John E. C	cole							Ma	ary I	E.Nic	hols	7			
retained by the hospital or attending physician. 5 should be detached for use as the burial-tran notified at once,	10 B	19a. INFORMANT'S NAME (7)	ype/Print)			19b	. MAILING	ADDRES	S (Street	and Number	r or Rural I	Route Numbe	r, City or Tov	vn, State, Zip	Code)		
ay be re page 5	-	Franklin										Hill:	_	20748			
iurs after death. Page 6 may be in by the funeral director, page or removal.		20a. METHOD OF DISPOSITI	n 3 🗆 Ram	ovat trom Stata	201	other pla	ace)			emetery, crer	matory or			OCATION —			
age 6 direct		4 Donatton 5 Other		CENCEE		Meno	ocacy	/ Cen	nete	ry	PR OF FA	CHITY T	Bea	<u> 11svi</u>	lle,N	1d .	
ter death. Page 6 m the funeral director, oval.		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home 66.33 Old Alexander Ferry Road										e, inc.					
er dea the fu wal.		Clinton, Md. 20735															
urs after in by the r removal	1	23. PART L Enter the di	saasea, or	complications the	et cauae	d the de	ath. Do n	not enter	the m	ode of dy	ing, suc	h as cardi	ac or resp	olretory arr	eat,	Approxim	mata Batween
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the death y the atter id Mental injury, c	31	PART ii. Other aignifica	nt condition	an contribution to	death I	nut not n	o a ultima	in the su			ahuan la	Dairt I	34- WAC A	N AUTOPSY	245	WERE AUTOPSY	ENIONICO
by the and Me and Me	AEDICAL	PART II. Other algillines	o Co	e Che N		Jac Hot H		DL	S	ng cause	given in	Part I.		RMED?		AVAILABLE PRIO	OR TO
signed by Health an	ă			27-701				—	1 TYES	2 🗌 NO		OF DEATH?	CAUGE				
been sign to of Heal	-											1 YES 2] NO				
has been bebt. of I	AN	25. WAS CASE REFERRED TO	O MEDICAL	1					26.1	PLACE OF D	DEATH /Ch	eck only one)				
Sician: The certificate h the State I d, or item	PHYSICIAN:	EXAMINER?		HOSPITAL:	FR/Out	patient 3	□ DOA	OTHE A	R:			6 Other					
SICIA certif	H	27. MANNER OF DEATH		28a. DATE O	F INJURY		28b. TIM	E OF	28c. IN	JURY AT				INJURY OC	CUREO		
NG PHYS fter this c eath with marked,		75	Pending Investigation	(Month,	Day, Year)		IN	JURY M	_	YES 2	NO						
After death	D BY	A D Substitute	Could not be	28a. PLACE	OF INJUR	Y — At ho	ma, farm,	atreet, fac	tory, off	Ica			TION (Street Town, State	and Number	or Rural Ro	oute Number,	
L OR ATTENDING F. DIRECTOR: After thours after death item 28 is mar	ETE	4 Homtcide	determined		, and (apr	,							ionn, otak	-7			
OR A DIREC	2	29a. CERTIFIER (Check only 1 CERT	TIFYING PHYS	ICIAN: To the beat of	f my knov	vledga, da	ath occurr	ed at the	time, da	te and place	e, and dua	to the caus	e(a) and m	enner aa atal	ed.		
E AS =	COMPL	one) —	ICAL EXAMIN	ER: On the basis of	examination	on and/or l	Investigation	on, in my	opinion,	daath occu	red at the	time, data	and place, a	and due to th	e cause(a)	and manner ar	a stated.
THE HOSPI THE FUNER filed within PORTANT:	U U	296. SIGNATURE AND TITLE	OF CERTIFIE	R			Asc	· 10 C	20	29c, LIC	ENSE NU	MBER	,	29d. DAT	E SIGNED	(Month, Day, Yea	Nr)
THE fled	100	C+-	-110	7-7'2	8.	90	1) CTC	74.40	1					•	2.5	8.51)
(0)	임	30. NAME AND ADDRESS OF	F PERSON WI	O COMPLETEO CAI	JSE OF DI	EATH (ITE	М 27) (Туре	, Print)	18	926	ثبور	400	40	enco	TE.	Q # (C)/
0		Hearrill	24N	411245	in	(1)			_C	Co	1	10 M	(0).	2)	7	3,-	
		30 CTE () E3 (M 90°)	Year)	1 32. REGISTA	AR'S SIGI	NATURE											
				Distance Late		- INCOC	-										

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

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BALLIMORE, MARYL	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified a
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	8	10 P	Ē
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	T D	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the I be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cramation, or removal.	12
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

							DEA		r	HEG. NO.			
1. DECEDENT'S NAME (First,	he	Hipsle							2. DATE O MONTH	DA	<u> </u>	YEAR O	3. TIME OF DEATH 2145A M
4. SOCIAL SECURITY NUME	9	5. SEX		. lest birthday)	IF UNDE	NOER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH THS DAYS HOURS MIN. (Month, Day, Year)				F BIRTH Day, Year)	8. BIRTHPLACE (State or Foreign Country)		
212-38-1	1991	1 🗆 M 2 💢 F	dr	YRS.	MONTHS	UATE	HOUNS	murt.	q-	09-0	16	M	aryland
90. FACILITY NAME (If not in	stitution, give s	treet end number)			9b. CIT	Y, TOWN	OR LOCATI	ON OF DE	EATH		9c. COU	NTY OF D	EATH
Bultimore PRESIDENCE OF DEC		ty Gene	val H	usp	R	CUNC	dalls	400	NN		Ba	141	nove.
10e. STATE	10b. COUNTY	$, \rightarrow$		10c. CIT	Y, TOWN	OR LOC	ATION						10d. INSIDE CITY
Maryland	Bal	timore					Mill	.s					LIMITS? 1 YES 2 NO
100. STREET AND NUMBER						1	Of. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?
	k Heig	hts Ave.						117	<u>.</u>				ISA
11. MARITAL STATUS		12. WAS DECEDER		ARMED X NO	13.				NIC ORIGIN? In, Puerto Ric	(Specify Yee can, atc.)	or No-	14. RAC Blac	E — American Indien, sk, White, etc.
1 🔀 Never Married 2 🗌 3 🗌 Widowed 4 🗌 Divo		IF YES, GIVE				1 YE	S 2 📉 NO	Specif	y:			Spec	White
	EDENT'S EDU		164	. DECEDENT'S	USUAL	OCCUPAT	TION	LL.	16b. !	CIND OF BUS	INESS/INI	DUSTRY	
Elementery/Secondary (f	y highest grade 3-12)	College (1-4 or 5	+)	life. Do NOT u	se retired.)	aunng r	HOSE OF WORK	ng					
		4 yrs		Schoo	1 Te	each	er		В	alto.	Co.	Sch	ools.
17. FATHER'S NAME (First, M							18. MOT	HER'S NA	ME (First, Mi	ddle, Maiden	Sumeme)		
Alfred J.	Hipsl	ey					J	enny	Pric	e			
190. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRES	SS (Stree	t and Numbe	or Rural	Route Numbe	r, City or Town	n, State, Zij	Code)	
A. Murray		У		19 Ro	ache	s L	n.	Reis	terst	own,	Md.	2113	6
20e, METHOD OF DISPOSIT 1 2 Buriel 2 Cremetic	on 3 🗌 Rem	oval from State	oth	ACE OF DISPO									own, State
4 Donation 5 Other	1	TENSEE -		Druid			emete		CILITY		esvi		
21, SIGNATURE OF TONE,	0	0	0 1	1	**	. IVANE	AND ADDRE	33 OF TA	WILLI I	1182	4 Re	iste	rstown Rd.
P C .	Bro	m la	الاعب		E	lin	e Fun	era1	Home	Reis	ters	town	, Md.21136
snock, or n IMMEDIATE CAUSE (Fit disease or condition resulting in desth) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or in) that initiated events resulting in desth) LAS	tions, dilets ing	. Ren	OF AS A CO	NFENI NSEQUENCE C NSEQUENCE C MSEQUENCE C	e.	Na	II M LUa	yor sau	ian 1	ad In Accid	fav en-	<u>c+1/c</u>	Interval Between Onset and Death
		d											
PART II. Other signification	ent condition	ns contributing to	death but	not resulting	In the t	undsrly	ing causs	given in	Part I.	24a. WAS AN PERFOR		24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
			-						_	1 TYES 2	NO		OMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED	TO MEDICAL			- 10		26.	PLACE OF	DEATH (C	heck only one)			
EXAMINER?		HOSPITAL:	☐ ER/Outpatie	nt 3 🗆 DOA	OTHE 4 N		ome 5 🗆 F	Residence	6 🗆 Other	(Specify)			
27. MANNER OF DEATH	Pending	28s. DATE O (Month.	F INJURY City, Year)	28b. Til	_	28c.	INJURY AT WORK? YES 2		_	CRIBE HOW I	NJURY O	CCURED	
2 Accident 3 Suicide 6 4 Homicide	Could not be determined	26e. PLACE building	OF INJURY — I, etc. (Specify)	At home, farm,	street, fe	ectory, of	ffice			TION (Street or Town, State)		er or Rurai	Route Number,
29s. CERTIFIER			7	1									
(Check only	HEAL PLANIN	- //	d my knowledg exagethation ar							and place, er			(s) end menner as stated.
296. SIGNATURE AND TITL	OF CENTIFIE	1////				-	29c. LIC	CENSE NU	MBER		29d. DA	TE SIGNE	ED (Month, Day, Year)
4/11/4	1/1	200	/ Xha	0			D	379	144			0 -	9-au.
DIOX CUA A CO	BOAL	LUNCHELLE CA	USE OF DEATH			~ C	cunt	Go	Lavan	Hosp	540	101	d Court Rd.
31. DATE FILED (Month, Day		32, REGISTI	AR'S SIGN IT	RE			~~~	2	1000	TICS VI	1400	TALAI	3,000
ULI 9	'90	Frence	Davidson	~- Rande	00_								

DHMH-18 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	all 2
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a victor stear death. Page 6 may be retained by the hospital or attending physician.	s and the
TO THE FUNERAL ONECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages, 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hyplene prior to burial, cremation, or removal.	ermit. Pages 1, 2, 3 should
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	, car

STATE OF	MARYLAND /	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	CI	ERTIFICATE	OF DEAT	TH		REG. NO.

	" REGISTRAR			CHILL	ICALL	= UF	DEA	I H	REG	a. NO.				
***	1. DECEDENT'S NAME (First, Middle, Last)	7 1							2. DATE OF DEA	ATH DAY	(000	YEAR 3.	TIME OF DE	
1	Florence S. I							\rightarrow			1990 YEAR 9:03 A.			
	4. SOCIAL SECURITY NUMBER 149-09-6980	5. SEX	6. AGE (In yrs. las	YRS.	NONTHS	DAYS	HOURS	MIN.	7. DATE OF BIRT			e. BIRTHPLA Country) Princ		
	9s. FACILITY NAME (If not institution, give :	street and number)			9b. CITY	, TOWN	OR LOCATI	ON OF DE	ATH 9c. COUNTY OF DENTY ,			BY, \	a.	
PUNERAL DIRECTOR	Union Hospita	a1				Е	lkto	on			Cecil			
	10a. STATE 10b. COUNT			10c. CIT	Y, TOWN							10	d. INSIDE CI	TY
5	Md.	Cecil			E	1kt	on					ij	YES 2	□ NO
Y	10e. STREET AND NUMBER					10	. ZIP COD				10g. CIT	IZEN OF WHA		?
	103 Delaware Av							921				U.S.	. A .	
BY PU	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES Z		- 100	if yes, sp	ecify Cubs		IC ORIGIN? (Spec n, Puerto Rican, a :		or No		hita, atc.	
	3 Wildowed 4 Divorced 15, DECEDENT'S EDI	ICATION	100 DE	CEDENT'S	Herry O	COLIBATIO	XX		16b. KIND (or eller	1		White	3
COMPLETED	(Specify only highest gradi		(G	ive kind of Do NOT u	work done se retired.)	during mo	est of worldi	ng	166. KIND (OF BUSI	INESS/INC	JUSTRY		
2	1.2	4		ab.	Tec	hni	ciar	า	Se	lf-	- Emp	oloyed	E	
5	17. FATHER'S NAME (First, Middle, Last)						-		ME (First, Middle, I					
2 2	Berkley Walter	Shelto	n, Sr.					Ev	a Cree	kmc	ore			
מ	19a. INFORMANT'S NAME (Type/Print)							r or Rural A	loute Number, City	or Town	, State, Zip			
-	Mrs. William	J. Hanna	12	13 (Glou	ces	ter	La.	Virgi	nia	a Be	each,	Va.	2345
	20a. METHOD OF OISPOSITION Carrier 2 Cremetion 3 Ren Carrier 5 Other (Specify)	noval from State	20b. PLACE other pl	ace)			metery, crer		2			City or Town,		- 11
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	1 11	III W O C				SS OF FAC	HLITY			Main		
	Edwal	Mela	02-		G	ee	Fune	eral	Home			Mali n, Md		
CERTIFICATION	immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. CENTS DUE TO (b. ATM DUE TO (c. DUE TO (TL TO	BM. OUENCE O	LUH FI: C CH	100	2		enn A	28 5	THE		Onset	ind Death
		d												
: MEDICAL	PART II. Other significent conditio	ns contributing to	death but not s	reaulting	in the u	nderlyin	g ceuse	given in	P	VAS AN / PERFORI YES 2		AM CC OF	ERE AUTOPS' MILABLE PRI DMPLETION (DEATH?	OR TO OF CAUSE
A	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF C	DEATH (Che	ock only one)					
2	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpetient 3	DOA	OTHE		ne 5 □ R	esidence	6 Other (Speci	ify)				
BY PHYSICIAN: M	27. MANNER OF DEATH 1 Netural 5 Pending investigation	28a. DATE OF (Month, Da		28b. Till iN	ME OF JURY M	W	JURY AT ORK? YES 2 [□ NO	28d. DESCRIBE	HOW IN	JURY OC	CURED		
	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE Of building, a	FINJURY — At he	ome, farm,	street, fed	tory, offic	ce		28f. LOCATION City or Town		nd Numbe	or Aural Rout	te Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS												nd manner a	a stated.
O BE	296. SIGNATURE AND TITLE OF CERTIFIED AND THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPTON OF THE COMPT	rel					29c. LIC	7 K			29d. OAT	TE SIGNEO (M	Conth, Oay, Ye	ar)
	30. WAME AND ADDRESS OF PERSON W Rolando A. Na	jera, M.	D.			Ма	in	Stre	et Elk	to	n, N	1d. 2	1921	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAI	widson-R	ndale	T									

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hos	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach-		IMPORTANT; If liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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FOR STATE REGISTRAR		STATE OF N	MARYL				NT OF H			MENT	AL HYGIEN REG. NO		U	28	737
1. DECEOENT'S NAME (First,	Middle, Last)										TE OF DEATH		W#4=	3. TIME	OF DEATH
Mary		Ann				H	1a11			O C	tober		1990	D	5:50Pm
4. SOCIAL SECURITY NUMBER	BER	5. SEX	8. AGE	(In yrs. lest	birthday)		DER 1 YEAR	IF UNDER		7. DAT	E OF BIRTH		8. BIRTI	PLACE (State or Foreign
215-36-35	19	1 □ M 2 🔀 F		52	YRS.	MONTH	S DAYS	HOURS	MIN.	01	-06-38	}	MA1	yla	and
9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH															
Physicians Memorial Hospital LaPlata Charles															
10a. STATE	10b. COUNTY	,		-	10c. CIT	Y, TOW	N OR LOCA	TION						10d. IN:	SIDE CITY
Maryland	Char	les			Po	rt	Tob	acco)						AITS? ES 2 X NO
10e. STREET AND NUMBER					-		10	f. ZIP CODI	E			10g. CIT	ZEN OF	WHAT CO	UNTRY?
Box 1160								206	577			U.	S.A	. •	
11. MARITAL STATUS		12. WAS DECEDEN	T EVER I	N U.S. ARI	MED						SIN? (Specify Yes	or No-	14. RACI	E — Ame	rican Indien,
1 Never Married 2 Married 1 Never Married 2 Married 3 Widowed 4 Divorced FORCES? 1 YES 2 NO If yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify: White															
15. DEC (Specify onl)	EDENT'S EOUG	CATION completed)		(GI	ve kind of	work do	L OCCUPATION one during me	ON oat of working	na	1:	8b. KIND OF BU	SINESS/INI	DUSTRY		
Elementary/Secondary (6		College (1-4 or 5	+)	llfe.	Do NOT us	se retire	rd.)								
7th				H	omen	nak	er				Hom	.e			
17. FATHER'S NAME (First, M	fiddle, Last)							16. MOT	HER'B NA	ME (First	t, Middle, Malden	Sumame)			
Bernard M	. Gil	roy						Mir	nnie	M.	. John	son			
19a. INFORMANT'S NAME (Type/Print)			198	b. MAILING	ADDR	ESS (Street	and Number	r or Rural i	Route Nu	imber, City or Tow	n, State, Zij	Code)		
Melvin L.										MD	20662				
20s. METHOD OF OISPOSIT	TION on 3 - Rame	oval from State	1	other pla	ece)		(Name of ce					CATION —			
4 Donation 5 Other	(Specify)		_ G	ilr	oy I		ily				Na Na	njer	noy,	MD	1
21. SIGNATURE OF FUNERA	AL SERVICE LIC	CENSEE	1	1			Areh	ADDRE art	Fun	ciuty 1era	al Hom	e.	Inc.		
Har	tim	C. LC	hol	10	T						LaP1a				6
23. PART I. Enter the 8	seeses, Dr d	complications the	t cause	d the de	eth. Do									A	pproximata starval Between
IMMEDIATE CAUSE (Findiseese or condition resulting in death)		Me	A	ردن	toc	Λ	til	Co	ra	\sim	77	N			nset end Death
rocating in death)		DUE TO	(OR AS	A CONSEC	DUENCE O	IF):						_			
Sequentielly list condit	done.	b									U			_	
if any, leading to imme	diate	DUE TO	(OR AS	A CONSEC	DUENCE O	IF):									
cause. Enter UNDERLY CAUSE (Disease or Inju		C	/OD 40	1 0011051	DUENCE O									\rightarrow	
thet initiated events resulting in death) LAS	ST .	DUE TO	CA NU)	A CONSEC	JUENCE U	n-);								į	
		d	_											_	
PART II. Other algnifica	ant condition	ne contributing to	death	but not r	reeuiting	in tha	underlyle	g cause	given in	Part I.	24a. WAS AP PERFO		24		UTOPSY FINDINGS BLE PRIOR TO

PART

COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO 1 YES 2 NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	26. PLACE OF DEATH (Check only one) BPITAL: Inpatiant 2 ER/Outpatiant 3 DOA 4 Nursing Home 6 Residence 6 Other (Specify)								
27. MANNER OF DEATH 1 Natural 6 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d, DEŞCRIBE HOW INJURY OCCURED						
3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At he building, atc. (Specify)	28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number,								

(Check only	PC CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner se stated.
one)	2 MEDICAL EVAMINER: On the basis of exemination end/or immediation in my online, death occurred at the time data and place, and due to the

29d. DATE SIGNEO (Manth, Day,

96. SIGNATURE A	NO TITLE OF CERTIFIER		m	29c LICENSE NUMBER	29d. DATE SIGNE
(-1	DRESS OF PERSON WHO	COMPLETED	CAUSE OF DEATH (ITEM 27) (Type, Frint)	ATMMU 27	3646

31. DATE FILED (Month, Day, Year)

OCT 0 9 90

32. REGISTRAR'S SIGNATURE
Julia Davidson Randelle

art for a large

		t. Pages L. Tribura)	
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages	ith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION	TO THE HOSPITAL OR ATTENDING P	TO THE FUNERAL DIRECTOR: After t	be filed within 72 hours after death with the	IMPORTANT: If Item 28 Is mar

\neg	1. DECEDENT'S NAME (First, Middle, Last)			7.67				2. DATE	OF DEATH	-		3. TIME OF DEAT	гн
		eather	Lynn	HIGG	ITNS			Octo		199	YEAR	2:15	Рм
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER 1	VEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH 8. B				BIRTHPLACE (State or Foreign	
	219-19-8774	1 M 2 X F	2	YRS.		DAYS	HOURS MIN.	(Month	Day, Year)	00	Country		J. G. G.
			×	1113.					6-198		TV 05 DE	MDI	
~	9a. FACILITY NAME (If not institution, give st	reet and number)			96. CITY,		OR LOCATION OF DE			9c. COUN			
Ö	1244 BOX 181				HA	SE	RSTOWN	<u>/</u>		Wash	ning	ton	
[[RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c, CIT	Y, TOWN OF	LOCAT	TION					10d. INSIDE CITY	,
DIRECTOR		INGTON	/				PORT					LIMITS?	NO
A		URY ST	-				211105	_		,	1.5,		
FUNERAL		12. WAS DECEDE		ADMED	40.10	00.050	01173	uo opioiti	0 /0It- V			- American Indi	-
F	11. MARITAL STATUS 1 Never Married 2 Married	FORCES?	YES 2 (XINO	lf	yes, sp	CENDENT OF HISPAN Hecity Cuban, Maxica	n, Puerto F		or No-	Black.	, Whita, etc.	
BY	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify:										White		
	15, DECEDENT'S EDUC	CATION	18n.	DECEDENT'S	USUAL OC	CUPATION	ON	18b.	KIND OF BU	SINESS/IND	USTRY	, ,	
E	(Specify only highest grade Elamentary/Secondary (0-12)	completed) College (1-4 or 5		(Give kind of life. Do NOT u	work done do se retired.)	uring mo	ost of working						- 1
PL	C Elamentary/Sectoridary (U-12)	Conege (1-4 of 5	"		Non	IE							
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)						18. MOTHER'S NA	ME (First, A	fiddle, Malden	Surname)			
	JOHN R. WIE.	DEMAN					SHAW	WI). HIE	GIN	15		
BE	19a. INFORMANT'S NAME (Type/Print)	_		19b. MAILING	ADDRESS	(Street I	and Number or Rural		er, City or Tow	n, State, Zip	Gode)		
2	ShAWN D. HIGG	115		398.4	U. SAL	ISB	URVST.	WILL	AMSP	DRT	MI	2179	25
İ	20a, METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem		20b. PLA	CE OF DISPO	SITION (Nan	ne of ce	metery, crematory or		20c. LO	CATION -	City or To	wn, State	, 1
	4 Donallon 5 Other (Specify)	oval from State		DFORD	116 N	1EM	DRIAL (TARDI	EN 9	HAGE	2570	DION, A	1D.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSER			22. N	AME A	ND AODRESS OF EA	CILITY	as Ile	MAY.	an	,	
	Nomin 7	May	7		17	-	0X 310 C			10 1	, S	01/122	
-	23. PART I. Entar the diseases, or o	complications th	at caused the	death Do	not enter						net c	Approxim	nate
	shock, or heart failure.						out of aying, out	40 00.10		and y		intarval B	Batween
	IMMEDIATE CAUSE (Final											Onset an	
	disease or condition resulting in death) Smoke Inhalation											Momen	ts
	DUE TO (OR AS A CONSEQUENCE OF):												
ON	Sequentially list conditions,	b DUE TO	O (OR AS A CON	SEQUENCE (on:							 	
AT	If any, leading to immadiate cause. Enter UNDERLYING												
FIC	CAUSE (Disease or injury that initiated events	c. OUE TO	O (OR AS A CON	SEQUENCE (OF):								
CERTIFICATION	resulting in death) LAST	d.											
	PART II. Other significent condition	a contributing t	o doeth but n	at reculting	In the un	doghair	a couse chen in	Dort I	24a. WAS AN	ALITOPEV	246	. WERE AUTOPSY I	EINDINGS
MEDICAL	PART II. Othar significant condition	- continuiting t	o death but h	or resulting	in the un	uerryn	ig cause given in	reit i.	PERFO		240.	AVAILABLE PRIOF	OT F
ğ								—	1 TYES	2 X NO		OF OEATH?	
												1 YES 2	NO
ÿ													
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER	t:	PLACE OF DEATH (C)		,				
PHYSICIAN:	1X YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2		1 3 □ DOA 28b. Ti	_		me 5 🕅 Raaldenca		r (Specify) SCRIBE HOW	IN II IOV OO	CHRED		
	1 Natural 5 Pending	(Month,	Day, Year)	- 10	JURY	W	ORK?	100	oke I				=
ВҰ	2 🖾 Accident Investigation		, 1990 of injury – A		5p M								
	3 Suicida 8 Could not be 4 Homicide detarmined	buildin	g, etc. (Specify)	-011163636361		жу, отп	ca	City	ATION (Street or Town, State	Goss	sard	Mill Ro	gad l
Home Rt. #4, Hagerstown, Mar									rang 21	/4U			
29a. CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) 2 X MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										3500 H			
Ö	2 X MEDICAL EXAMINI	ER: On the basis of	axamination and	d/or investigat	ion, in my o	pinion,	death occured et the	e time, data	and place, a	nd due lo ti	ne cause(a	a) and manner as	stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIE						29c. LICENSE NU	MBER				(Month, Day, Year	
TO B	dwarf b.	DiFFO	~	>			D01062			00	ctobe	er 9, 19	990
F	30. NAME AND ACCRESS OF PERSON WE		/				-					1 10	17/0
	Edward W. Ditto,				Washi	ngt	on Stree	t, Ha	agerst	own,	Mary	riand 2	1/40
	31. DATE FILED (Month, Day, Year)		RAR'S SIGNATUR										
	OCT 10 '90	Like the											
		0	riccon_pa	molesse								DHMH-	16 Rev 1/89

and all

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 ahount be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH REG. NO.
	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH
	GEORGE H. HAWRINS 100 24 25 8-10 PM
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. OATE OF BIRTH 8. BIRTHPLACE (State or Foreign
- 1	213-16-8136 1XXM 2 D F 77 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) JAN. 1, 1913 Country) MARYLAND
	9e. FACILITY NAME (if not institution, give street end number) 9b. CITY, TOWN OR/LOCATION OF DEATH 9c. COUNTY OF DEATH
DIRECTOR	SOUTHERY MARY MAD HOSPIAM CHIMON PRINCE GLORGES
낊	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?
8	MARYLAND CHARLES INDIAN HEAD 1 KMES 2 □ NO
	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?
FUNERAL	P.O. BOX 943 20640 UNITED STATES
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No— It yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. RACE — American Indian, Black, White, etc.
B	Never Merried 2 Merried 2 Merried 2 Merried 3 Merried 4 Divorced FORCES? 1 YES 2 Mo It yes, specify: BLACK Specify: BLACK
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working
	Elementary/Secondery (0-12) College (1-4 or 5+) life. Do NOT use retired.)
COMPLETED	3RD NONE CONSTRUCTION LABORER PRIVATE
8	17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Meiden Surname)
BE (JOHN HAWKINS LIZA MILBURN
5	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
-	VIVIAN HAGANS BOX 82 WOODLAND DRIVE, INDIAN HEAD, MD 20640
	20c. LOCATION — City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, State
	4 Donestion 5 Other (Specify) ST. CHARLES CEMETERY GLYMONT, MARYLAND
	21. SIGNATURE OF FUNERAL, SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
	Lydia C. Thornton joinson Thornton's funeral home, pomonkey, md
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, Approximete
	shock, or heert failure. List only one ceuse on each line. Interval Between Onset and Death
	disease or condition
	oue to (OR AS A CONSEQUENCE OF): [en le Care Ce & Structer (Structer) Care Ce & Structer (Structer) Care Ce & Structer (Structer) Care Ce & Structer (Structer) Care Ce & Structer (Structer) Care Ce & Structer (Structer) Care Ce & Structer (Structer) Care Ce & Structer (Structer) Care Ce & Structer (Structer) Care Ce & Structer (Structer) Care Ce & Structer (Structer) Care Ce & Structer (Structer) Care Ce & Structer (Structer) Care Ce & Structer (Structer) Care Ce & Structer (Structer) Care Ce & Structer (Structer) Care Ce & Structer (Structer) Care Ce & Structer (Structer) Care Ce & Structer (Structer) Care Ce & Structer (Structer) Care Ce & Structer (Structer) Care Ce & Structer (Structer) Care Ce & Structer (Structer) Care Ce & Structer (Structer) Care Ce & Structer (Structer) Care Ce & Structer (Structer) Care Ce & Structer (Structer) Care Ce & Structer (Structer) Care Ce & Structer (Structer) Care Ce & Structer (Structer) Care Ce & Structer (Structer) Care Ce & Structer (Structer) Care Ce & Structer (Structer) Care Ce & Structer (Structer) Care Ce & Structer (Structer) Care Ce & Structer (Structer) Care Ce & Structer (Structer) Care Ce & Structer (Structer) Care Ce & Structer (Structer) Care Ce & Structer (Structer) Care Ce & Structer (Structer) Care Ce & Structer (Structer) Care Ce & Structer (Structer) Care Ce & Structer (Structer) Care Ce & Structer (Structer) Care Ce & Structer (Structer) Care Ce & Structer (Structer) Care Ce & Structer (Structer) Care Ce & Structer (Structer) Care Ce & Structer (Structer) Care Ce & Structer (Structer) Care Ce & Structer (Structer) Care Ce & Structer (Structer) Care Ce & Structer (Structer) Care Ce & Structer (Structer) Care Ce & Structer (Structer) Care Ce & Structer (Structer) Care Ce & Structer (Structer) Care Ce & Structer (Structer) Care Ce & Structer (Structer) Care Ce & Structer (Structer) Care Ce & Structer (Structer) Care Ce & Structer (
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CERTIFICATION	Sequentially list conditions, If any, laading to immediata
2	cause. Entar UNDERLYING CAUSE (Diseasa or Injury
E	CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST
題	a cycooci
1	PART II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 24a. WAS AN AUTOPSY PREFORMED? 24b. WERE AUTOPSY FINDINGS ANALIABLE PRIOR TO
DICAL	1 YES 2 NO COMPLETION OF CAUSE OF DEATH?
	1 Tyes 2 NO
-	
A	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)
SIC	EXAMINER? 1 VES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)
PHYSICIAN: ME	27. MANNER OF OEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 10. DESCRIBE HOW INJURY OCCURED INJURY WORK?
ВУР	1 Netural 5 Pending 2 Accident Investigation M 1 YES 2 NO
	3 Sulcide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify).
1	4 Homicide determined
COMPLETED	29e. CERTIFIER (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Ch
MC	One) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(e) and menner se stated.
	296. SIGNATURE AND TITLE OF CENTIFIER C. (Month, Day, Year)
B	J
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) Type, Print) SGZ(()) ODY OLD 160
	ABULHASAN ANSAR MI) ECONTM MO. 20031
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE
	OCT 1 0 90 Julia Savidson-Randale
	DHMH-18 Rev 1/88

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physical process.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burishes and unity and activity the State Dear of Health and Mental Monitor in burial formation or removal
the medium of them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR	STATE OF MARYL	ANN / DEPAR	TMENT OF L	IFAITH AND B	AENTAI HVCIEI	JE O	0 00710
	1 - STATE REGISTRAR	OIAIL OF MAILE		ICATE OF		REG. NO	-	28740
	1. OECEDENT'S NAME (First, Middle, Last)	- 1 1		11.1		2. DATE OF DEATH MONTH	9- 95	3. TIME OF DEATH
1	Sherr	111		Hor	son	10		
	4. SOCIAL SECURITY NUMBER 240 64 8308	5. SEX 8. AGE ('In yrs. last birthday) YRS.	IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Aug. 10,	1942	BIRTHPLACE (State or Foreign Country) N . C .
	9a. FACILITY NAME (If not institution, give str	eet and number)		9b. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY	
DIRECTOR	St. Agnes Hosp	ital		Bal	ltimore	City	====	=
EC	10a. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR LOCA	TION	-		10d. INSIDE CITY
	Md. ===	:=	Ba	ltimore				MYES 2 □ NO
¥	10e. STREET AND NUMBER			10	f. ZIP CODE		207	OF WHAT COUNTRY?
FUNERAL	423 S. Payson				21223		USA	
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D	2 V WO	If yes, sp		IIC ORIGIN? (Specify Y n, Puarto Rican, etc.)	14.	RACE — American Indian, Black, White, atc. Spec/lyWhite
03	15. OECEDENT'S EDUC (Specify only highest grade		18a. DECEDENT'S	USUAL OCCUPATION	ON out of working	18b. KIND OF B	JSINESS/INDUST	RY
9	Elementary/Secondary (0-12)	College (1-4 or 5+)		work done during mo se retired.)	•		Constr	uction
COMPLETED	1 0	==	Carpe	enter		ME (First, Middle, Maide		uccion
	Frank Hobson					ie Carv		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	AODRESS (Street	and Number or Rural I	Route Number, City or To	wn, State, Zip Co	de)
유	Fred Hobson					estminst		
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ramo 4 Donation 8 Other (Specify)	wal from State	PLACE OF DISPO	n Cemet	metery, crematory or Cery		ocation – city akersv	ille, N.C.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			ND ADDRESS OF FA			
	> Horry W.	Haraht						mal Home 21784
	23. PART I. Enter the diseases, proshock, or heart fellure.	omplications that cause	d the death. Do	not enter the me	ode of dying, suc	h as cerdiec or res	piratory errest	, Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition							Onset and Death
	resulting in death)	9,	LMONIA	OF):				2 day
_		ASPI	RATION					
CERTIFICATION	Sequentielly list conditions, if env. leeding to immediate		A CONSEQUENCE C	OF):				
3	cause. Enter UNDERLYING CAUSE (Disease or Injury							
띩	thet initiated events resulting in death) LAST	OUE TO (OR AS /	A CONSEQUENCE C	OF):				
5	County and County and	1						
I	PART II. Other significent condition	_	-	in the underlyin	g ceuse given in		N AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO
DIC.	Bhow	CHIML ATTHI	MMZ.			1 YES		COMPLETION DF CAUSE DF DEATH?
ME	- PAN	CREATITIS.				_		1 TES 2 NO
ä		COHOLISM.						
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF OEATH (Ch	- ,		
14S	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 - ER/Out	patient 3 🗆 DOA		JURY AT	8 Other (Specify) 28d. DESCRIBE HOV	/ INJURY OCCUP	MFD.
	1/X Natural 5 Pending	(Month, Day, Year)		JURY W	ORK? YES 2 NO			
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJUR building, atc. (Spe		street, factory, offi	ca	281. LOCATION (Stree City or Town, Sta		Rural Route Number,
COMPLETED	cone)	CIAN: To the best of my know						ause(a) and menner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU			IGNED (Month, Day, Year)
O BE	ROGER CHIMERS	4 M.D. Rose	Ely		SAM PIOPUSE MA			-9-90.
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE OF O	EATH (ITEM 27) (Typ	e, Print)				

ROUGH CHINARY 900 CATON AVE BOTTOMORE M.D. 21229

31. DATE FILED (Month, Day, Year) | 12. REGISTRAP'S SIGNATURE

OCT 10'90 Julia Dayldson-Randelle

W A 15

TO BE COMPLETED BY FUNERAL DIRECTOR

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that the death o	ed by the attendi	th and Mental Hy	any injury, or
vires that the death of	signed by the attendi	Health and Mental Hy	ws any injury, or
v requires that the death of	been signed by the attendi	t. of Health and Mental Hy	shows any injury, or
e law requires that the death of	has been signed by the attendi	Dept. of Health and Mental Hy	1 23 shows any injury, or
N: The law requires that the death of	icate has been signed by the attendi	State Dept. of Health and Mental Hy	item 23 shows any injury, or
ICIAN: The law requires that the death of	certificate has been signed by the attendi	the State Dept. of Health and Mental Hy	, or item 23 shows any injury, or
PHYSICIAN: The law requires that the death of	this certificate has been signed by the attendi	with the State Dept. of Health and Mental Hy	rked, or item 23 shows any injury, or
JING PHYSICIAN: The law requires that the death of	After this certificate has been signed by the attendi	death with the State Dept. of Health and Mental Hy	marked, or item 23 shows any injury, or
TENDING PHYSICIAN: The law requires that the death of	OR; After this certificate has been signed by the attendi	ifter death with the State Dept. of Health and Mental Hy	'8 is marked, or item 23 shows any injury, or
R ATTENDING PHYSICIAN: The law requires that the death of	RECTOR: After this certificate has been signed by the attendi	urs after death with the State Dept. of Health and Mental Hy	im 28 is marked, or item 23 shows any injury, or
AL OR ATTENDING PHYSICIAN: The law requires that the death of	AL DIRECTOR; After this certificate has been signed by the attendi	2 hours after death with the State Dept. of Health and Mental Hy	if Item 28 is marked, or Item 23 shows any injury, or
SPITAL OR ATTENDING PHYSICIAN: The law requires that the death of	VERAL DIRECTOR; After this certificate has been signed by the attendi	hin 72 hours after death with the State Dept. of Health and Mental Hy	VT: If Item 28 is marked, or Item 23 shows any injury, or
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death of	FUNERAL DIRECTOR; After this certificate has been signed by the attendi	within 72 hours after death with the State Dept. of Health and Mental Hy	TTANT: If Item 28 is marked, or Item 23 shows any injury, or
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 mours after death. Page 6 may be retained by the hospit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

GIENE .	90	28	71	. 1
G. NO.	- 0	- U	1	

CERTIFICATE OF DEATH REG. NO.	тн
Marian V. Hummer Sept. 30, 1990 9:05 P. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F under 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1 year 1	
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 577-36-1606 1	M M
98. FACILITY NAME (If not institution, give street and number) 99. CITY, TOWN OR LOCATION OF DEATH 90. COUNTY OF DEATH	oreign
	, DC
Wilson Hoalth Care Conton	
Wilson Health Care Center Gaithersburg Montgomery	
RESIDENCE OF DECEDENT	
10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CIT LIMITS?	
Maryland Montgomery Gaithersburg XX YES 2	NO
10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?	
401 Russell Avenue, #411 20877 U.S.A.	
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 15. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 16. Marital Status 16. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— Hispanic Origin?) (Specify Yes or No— Hispanic Origin?) (Specify Yes or No— Hispanic Origin?) (Specify Yes or No— Hispanic Origin?) (Specify Yes or No— Hispanic Origin?) (Specify Yes or No— Hispanic Origin?) (Specify Yes or No— Hispanic Origin?) (Specify Yes or No— Hispanic Origin?) (Specify Yes or No— Hispanic Origin?) (Specify Yes or No— Hispanic Origin?) (Specify Yes or No— Hispanic Origin?) (Specify Yes or No— Hispanic Origin?) (Specify Yes or No— Hispanic Origin?) (Specify Yes or No— Hispanic Origin?) (Specify Yes or No— Hispanic Origin?) (Specify Yes or No— Hispanic Origin?) (Specify Yes or No— Hispanic Origin?) (Specify Yes or No— Hispanic Origin?) (Specify Yes or No— Hispanic Origin?) (Specify Yes or No— Hispanic Origin?) (Specify Yes or No— Hispanic Origin?) (Specify Yes or No— Hispanic Origin?) (Specify Yes or No— Hispanic Origin?) (Specify Yes or No— Hispanic Origin?) (Specify Yes or No— Hispanic Origin?) (Specify Yes or No— Hispanic Origin?) (Specify Yes or No— Hispanic Origin?) (Specify Yes or No— Hispanic Origin?) (Specify Yes or No— Hispanic Origin?) (Specify Yes or No— Hispanic Origin?) (Specify Yes or No— Hispanic Origin?) (Specify Yes or No— Hispanic Origin?) (Specify Yes or No— Hispanic Origin?) (Specify Yes or No— Hispanic Origin?) (Specify Yes or No— Hispanic Origin?) (Specify Yes or No— Hispanic Origin?) (Specify Yes or No— Hispanic Origin?) (Specify Yes or No— Hispanic Origin?) (Specify Yes or No— Hispanic Origin?) (Specify Yes or No— Hispanic Origin?) (Specify Yes or No— Hispanic Origin?) (Specify Yes or No— Hispanic Origin?) (Specify Yes or No— Hispanic Origin?) (Specify Yes or No— Hispanic Origin?) (Specify Yes or No— Hispanic Origin?) (Specify Yes or No— Hispanic Origin?) (Specify Yes or No— Hispanic Origin?) (Specify Yes or No— Hispanic Origin?) (Specif	ien,
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY	
Elementary/Secondary (0-12) College (1-4 or 5+)	
4 School Teacher D.C. Schools	
17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)	
William F. Hummer Marian Elizabeth Fitzhug	h
19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 245	29
Edward M. Allen Route 1, Box 252, Buffalo Junction, Virginia	
20s, METHOD OF DISPOSITION XIX Burial 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, State	
4 Donetton 6 Dotter (Specify) Glenwood Cemetery Washington, DC	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ROBERT A PUMP PROVE FUNERAL HOME	
TODEL C'T. L'AMBILLE A L'AMETAT MOME	
M00522 Rockville, Inc., 300 West Montgomery	15
Avenue, Rockville, Maryland 20850-28	
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cerdisc or respiratory arrest, shock, or heart fellure. List only one cause on each line.	neta Between
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximately	neta Between
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23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such an experiment of the diseases, or complications above, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Oue TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF	neta Between Id Death FINDINGS R TO CAUSE
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23. PART I. Enter (the diseases, or complications that caused the death. Do not enter the mode of dying, such see cerdiac or respiratory arrest, shock, or heart feliure. Liet only one cause on each line. IMMEDIATE CAUSE (Final CAUSE) Sequentially liet condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE	FINDINGS R TO F CAUSE
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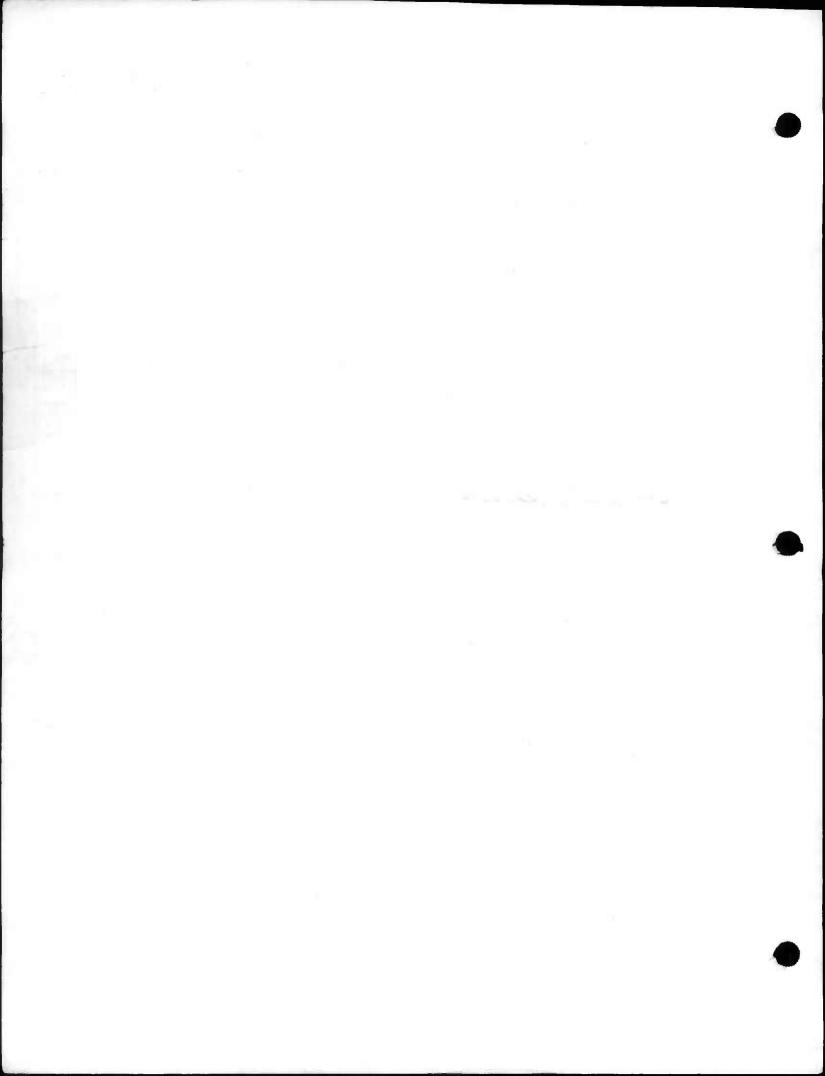
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محمولي الله فدينات

BALTIMORE, MARYLAND 21203-3146	: The law requires that the death certificate be executed within 28 mours after death. Page 6 may be retained by the hospital or attending physician.	are has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit late Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.
TAL RECORDS, P.O. BOX 13146,	; The law requires that the death certificate be executed within 25 mours	ate has been signed by the attending physician and completely filled in by the state Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.

	DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARY
25	TO THE FUGSTIAL US ATTENDING PRINCIPAL THE TENT OF THE THE THE THE THE THE THE THE THE THE

	nedio Inan				OAIL	- 01			n	EG. 140.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF I	DEATH	v	YEAR	3. TIME OF DEATH
1	Marion Boss Hob	oelmann						_ 3	09	30	•	1990	7:40 p M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	it birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF B				HPLACE (State or Foreign
	579-52-7370	1 🗌 M 2 🔀 F	82	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day		1908	Was	mington,D.C.
	9e. FACILITY NAME (If not institution, give st	reet and number)	02		9b. CITY,	TOWN	OR LOCATI	ON OF DEA				INTY OF D	
۳ ا	Montgomery Gene	aral Hoer	nital	1	01-	0.77	More	vland	1		Ma		
81	Montgomery Gene	rai nos	Jilai		UII.	iey,	rial	viano	1		MO	nrgo	mery
HE I	10e. STATE 10b. COUNTY			10c. CITY	r, town o	R LOCAT	MOIT						10d. INSIDE CITY LIMITS?
ੂ	Maryland Mont	tgomery		5	Silve	er S	prin	g					1 - YES 2 X NO
A	10e. STREET AND NUMBER	-				101	. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL DIRECTOR	15031 West Holr	n Terrace	9				20	906			Uni	ted	States
5	11. MARITAL STATUS	12. WAS DECEDEN							C ORIGIN? (S		or No-	14. RAC	E — American Indian, ik, White, etc.
	1 Never Merried 2 X Married	IF YES, GIVE V	YES 2 X	NO				specify:	, Puerto Ricar	i, etc.)		Spec	
ВУ	3 Widowed 4 Divorced				_							<u> </u>	White
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(G	CEDENT'S live kind of w	vork done d	CUPATIO	ON ost of worki	na	16b. KIN	D OF BUS	INESS/IN	DUSTRY	
91	Elementary/Secondery (0-12)	College (1-4 or 5	+) ##s	. Do NOT us	e retired.)								
MP	12		Re	al Es	state	e Ag	ent			R	eal	Esta	te
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NAM	AE (First, Middl	e, Maiden :	Surname)		
BE	William		Вс	ss			A	lice				Par	ker
2	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street a	and Numbe	r or Rural R	oute Number, (City or Town	n, State, Zi	p Code)	
F	Sarah W. Risher		4	422 V	Valsh	n St	reet	, Che	evy Ch	ase,	Mar	ylan	d 20815
	20e. METHOD OF DISPOSITION 1 (A Hurla) 2 Cremation 3 Rame	wel from State	20b. PLACE other p		SITION (Na	me of ce	metery, crei	matory or		20c. LO	CATION —	City or To	own, State
	4 Oonetion 5 Other (Specify)	Svali Holli State		lock (Creek	c Ce	mete	ry		Wa	shin	gton	, DC
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22.	NAME A	ND ADDRE	SS OF FAC	ILITY	17 E11	nora	1 110	mo
	Dougl- C	, Den	م	M005	522	Bet	hesd nue,	a-Che Beti	evy Ch	ase Mat	The ylan	a' 2	me 557 ₄ Wisconsi 0814-3501
	23. PART I. Enter the diseases, or o				ot antar	tha mo	da of dy	ring, auch	as cardiac	or respl	ratory as	rrest,	Approximata
	shock, or heart failure. IMMEDIATE CAUSE (Finel	List only ons cal	ise on each lin		1							/	Interval Between Onset end Deeth
	disease or condition	eux Re	spiruto	my 1	TWES	j-						9/30	160 4/28/2 W
1	resulting in death)	DUE TO	(OR AS A CONSE	OUENCE OF	F):	_						-/	
z		Se	vere	6	OPI	7							Glas
CERTIFICATION	Sequentially list conditions, If any, leeding to immediate		(OR AS A CONSE		1								61.1.
8	CAUSE (Disease or Injury		Spring		1	sa							7/28/40
E	that initiated events	DUE TO	(OR AS A CONSE	OUENCE OF	F):	1							01
E	reculting in deeth) LAST	d	CAXOC	Ce b	ree	phi	rlix	ary					7/27/20
	PART II. Other aignificant condition	e contributing to	deeth but not	reculting	In the un	derivin	a ceuee	given in i	Part I. 24	. WAS AN	AUTOPSY	24	b. WERE AUTOPSY FINDINGS
MEDICAL										PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
									_ 1	YES 2	XXNO		OF DEATH?
									-				1 NES 2 NO
PHYSICIAN:													
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		LACE OF I	DEATH (Che	ick only one)				
YS	1 TYES XXIMO							leeldence	6 Other (Sp				
표	27. MANNER OF DEATH 1 (1) Natural 5 Pending	28e. DATE OF (Month, L		28b. TIM INJ	E OF IURY	W	JURY AT ORK?		28d. OEŞCRI	BE HOW I	NJURY O	CCURED	
BY	2 Accident Investigation				M		YES 2	□ NO					
	3 Suicide 6 Could not be	28e. PLACE (building	OF INJURY — At h., etc. (Specify)	ome, farm, i	street, fact	tory, offic	00			N (Street a wn, State)		er or Rumi	Route Number,
		1											
COMPLETED	29e. CERTIFIER XX CERTIFYING PHYSI	CIAN: To the beat o	t my knowledge, d	eath occurr	ed at the t	ime, date	end place	e, end due	to the cause(e) end men	nner as at	ated.	
0	one) 2 MEDICAL EXAMINE	R: On the basis of o	examination end/or	Investigation	on, in my c	opinion,	death occu	ared at the	time, date end	place, en	d due to	the ceuse	(s) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	9					29c. LIC	ENSE NUM	IBER		29d. DA	TE SIGNE	O (Month, Day, Year)
BE	wifen	4					1	2,61	8		•	10/1/	90
임	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAL	ISE OF DEATH (ITE	M 27) (Type,	, Print)		1 1	Jere	M				·
	OCT 04 90	as mo	3701 R	88 m	00	Ru	a L	elve	Jour	Lu	W 20	2090	ì
	31. DATE FILED (Month, Day, Year)	32 REGISTR	AR'S SIGNATURE						-	5			
	1 HE 1177 (QL)	gulia Da	widson the	ndell									



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E	E	S S
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mouns after death. Page 6 may be n	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 has been death with the Chap hard of Health and Mental Minieuse infort to hund in removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be no

	1 - STATE REGISTRAR	SIAIE UF N	IAKYLAND / D CEI		ICATE				MENTA	REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Leet) CLIFTON	ICENRO#	D Clif	ton	Cha	cles	Icer	nroa	32. DATE	OF DEATH	Y	950ª	3. TIME OF DEATH 11:04 a.m.
	4. SOCIAL SECURITY NUMBER 218–16–1596	5. SEX 1 1 2 F	8. AGE (In yrs. last b	YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	(Mont	of BIRTH th, Day, Year) 26, 1	925	Country	PLACE (State or Foreign sryland
DR (JOHNS HOPKINS						ORE					ALTIM	
DIRECT	THE IDENCE OF DECEDENT 106 STATE 106. COUNT			10c. CIT	Y, TOWN	R LOCAT	ION					T	10d. INSIDE CITY LIMITS?
	Maryland H	arford		E	dgewo	-	ZIP CODE	-			10a CIT	IZEN OF W	1 YES 2 NO
ERA	1988 Chipper Dri	ve				1.0.	2104					SA	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	FORCES? 1 IF YES, GIVE V	T EVER IN U.S. ARMI X YES 2 NO MAR OR DATES			If yes, spe		n, Mexica	n, Puerto	N? (Specify Yee Rican, atc.)	or No-	Bleck Speck	American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give	kind of	usual o work done se retired.) LVEY			ng	180	Trans			1
BE COM	17. FATHER'S NAME (First, Middle, Last) Charles	Icenroad					Cai	rrie			itti		
0	19a. INFORMANT'S NAME (Type/Print) Mary B. Icenroad		196.	MAILING 988	Chip	s (Street a	Driv Driv	or Rural P	Poulle Num	wood, M	State, Zi	1640	
	20e. METHOO OF DISPOSITION 1		20b. PLACE OF other place. Highv	9)	Memo	oria:	L Gai	rdens				City or To	The second second
	21. SIGNATURE OF FUNERAL SERVICE LI	Mr Co		21	Ho 13	ward 317 (Cokes	McCo sbur	omas y Ro	ad, Ab	ingdo	on,Mc	me, P.A. 1. 21009
CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	a. Left V. b. Myoc c. Cero	(OR AS A CONSECU-	JENCE O	File of a	eh's	n Lin	e C	h as cai	dlac Dr reapi	ratory ar	rest,	Approximate interval Between Onset and Death 2 days / wk
ICAL	PART II. Other significant condition	ns contributing to	death but not re-	sulting	In the u	nderlyin	g cause	given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	7 DOA	OTHE A D No	R:	ACE OF C			one) ner (Specify)			
	27. MANNER OF DEATH 1 Netural 8 Pending	28e. OATE OI (Month, I	INJURY	28b. TIR		28c. INJ WC			_	ESCRIBE HOW I	NJURY O	CCURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE (building	OF INJURY — At home etc. (Specify)	e, farm,	atreet, fac	tory, offic	•			CATION (Street of yor Town, State)	and Numbe	er or Rural I	Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS												e) and menner as stated.
BE	296. SIGNATURE AND TIPLE OF CERTIFIE	4					29c, LIC	ENSE NUI	MBER 3	,		TE SIGNED	(Moglin, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W	32. REGISTR	SE OF DEATH (ITEM	N. (Jol	La	St	reet		Relti,	y	MS	20205

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 and after death. Page 6 may be retained by the hospital or attending physician	iiciam
TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfill permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit permit	al-transit permit. Pa
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	
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		FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTM CERTIFIC			IENTAL HYGII REG. 1	ENE 90	28744
	70	1. DECEDENT'S NAME (First, Middle, Last)	333		_		2. DATE OF DEATH MONTH	DAY Y	3. TIME OF DEATH
	1	Howard 4. SOCIAL SECURITY NUMBER	William 5. SEX 6. AGE (UNDER 1 YEAR	ZETT IF UNDER 24 HRS.	7. DATE OF BIRTH		90 1:45 A M
2	1	411 - 1000	¹ 😾 M 2 □ F 35	YRS. MO	NTHS DAYS	HOURS MIN.	(Month, Day, Year, 07–15–5	5	Country) Maryland
S SP	4	Church Road east				erstown	атн	9c. COUNTY	timore
- American	0	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	Of Burnydan		OWN OR LOCAT			Dai	
permil. Pages 15-2, 3 sho	DIREC	Maryland Carr	coll County		ersburg	a			10d. INSIDE CITY LIMITS? 1 YES 2 XNO
E be	FUNERAL	100. STREET AND NUMBER	James Danes		101.	. ZIP CODE		100	OF WHAT COUNTRY?
40 physicia burial-tr mo	뿔	11. MARITAL STATUS	lendy Road 12. WAS DECEDENT EVER IN			21784 ENDENT OF HISPANI			S.A. RACE — American Indian,
	BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYPES	TES		ecify Cuban, Maxican 2X NO Specify:			Specify:
ending as the	ED B	15. DECEDENT'S EDUC		160. DECEDENT'S US	IAL OCCUPATIO	NA .	18h KINO OF	BUSINESS/INDUS	White
al or atter for use a		(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mo:		700. 1010 01	5001112507111500	
- E B	COMPLET	11		Self-Em	ployed		Charl	es Stre	et Salon
the hospit detached	8	17. FATHER'S NAME (First, Middle, Last)					NE (First, Middle, Mail	,	
should be		Robert Isa 19a. INFORMANT'S NAME (Type/Print)	ac Izzett	19h MAII ING AC	OBESS (Street a	Corda Ind Number or Bural B	Sponauc		
2 n =	임	Corda S. Wilson				t Cumber			•••
A 8 6		20a. METHOD OF DISPOSITION 1 Burlel 2 XCremetion 3 Remo	20b	PLACE OF DISPOSITI				LOCATION — City	y or Town, State
Page 6 may I director, page must be		4 Donation 5 Other (Specify)		Carroll C	_			mpstead	, MD
		21. SIGNATURE OF FUNERAL SERVICE LIC		4	HAIGH.	T FUNERAL	HOME (E		
n – ~ «		> Brian +				ville, M			
/ filled in 1 tion, or re	1	23. PART I. Enter the diseasee, or complications that ceused the dasth. Do not anter the mode of dying, such as cerdisc or respiratory arrest, shock, or heart fallure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in dasth) Due TO (OR AS A CONSEQUENCE OF):							
th certificate be execuenting physician and I Hygiene prior to bur	ERTIFICATION	Sequantially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST							
0 = £≥ ±	AL C	PART II. Other aignificant condition	s contributing to deeth b	ut not reaulting in	the underlying	g cause givan in i		AN AUTOPSY	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
that the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of the bank of t) S							FORMED?	COMPLETION OF CAUSE OF DEATH?
requires thate and least any shows any	MEDIC						_		1 ☐ YES 2 🔀 NO
law ras bender.	AN	25. WAS CASE REFERRED TO MEDICAL			0.0	LACE OF DEATH (Che	ah aab aaab		
AN: The latificate has e State De	SICI	EXAMINER?	HOSPITAL:		THER:	ne 5 🗆 Residence		road	
PHYSICIA this certif		27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 28c, INJ		28d. DESCRIBE HO		impact
	βÁ	1 Natural 5 Pending 2 X Accident Investigation	10/4/90	11:40	P ^M 1□	YES 2 XXNO	Driver i	n auto/	fixed object/
7 5 4 5 "		3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	clfy)	et, tectory, offic	•	281. LOCATION (Str City or Town, S	eet and Number or late)	Balto Co., M
OR ATTENDING OR ATTENDING DIRECTOR: After hours after death	<u> </u>	29a. CERTIFIER	road		at the time date	and alone and due	ChurchRd		SunnydaleWay
TO THE HOSPITAL (TO THE FUNERAL D be filed within 72 h	COMPLET	(onloan only	CIAN: To the beat of my know R: On the basis of exemination						cause(a) and manner as stated.
E HOS E FUNI	ŭ	296 SIGNATURE AND TITLE DE CENTIFE	(A)			29c. LICENSE NUM			SIGNED (Month, Day, Year)
THI OT THI Se filed	O BE	Har . *	the A	M		OCME		•	10/5/90
	우		O COMPLETED CAUSE OF DE	- A					
		Mario F. Golle	Jr., M.D.	- Assista	at	lll P	enn St.	Balto	., MD
	1 1	31. DATE FILED (Mooth, Day, Mar) 90	1	MANAGE.					

		FOR 1 - STATE REGISTRAR	STATE OF M	IARYLAND / D Cef	EPARTMEN RTIFICAT	T OF H	IEALTH AND DEATH	MENTAL HYGIEN		28745	
		1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	v :	3. TIME OF DEATH	
		Elizabeth CP.	Johnson					1006			
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest bit	MONTH	ER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)	
(P)		215-38-3199	1 □ M 2 🄀 F	75_	YRS.		17.7	12/14/19	-	Maryland	
2, 3 show	CTOR	9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Montgomery RESIDENCE OF DECEMENT 9c. COUNTY OF DEATH Montgomery									
Righter Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of th	- W	10a. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY LIMITS?	
ilt. Pagi	DIRE										
t permit.	FUNERAL	100. STREET AND NUMBER 101. ZIP CODE								N OF WHAT COUNTRY?	
ian. transi	NE	17340 Dr. Bird R		T EVER IN U.S. ARME		WAS DEC	20860	LHIC OBJOINS Manager		ed States	
r attending physician. use as the burial-transit	BY FU	1 Never Married 3 Merried 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Y If yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 ☐ YES 2 ☒ NO Specify:			14. RACE — American Indian, Black, White, etc. Specify: Black			
- 0 -	ETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of work done during most of working				16b. KIND OF BU	JSINESS/INDUS		
	COMPL	5th Grade	0.00-0.1000		ousew	ife		I.	lone		
be det	ш	17. FATHER'S NAME (First, Middle, Last) Unkno		AME (First, Middle, Melden Surneme) Mary Powell							
retained is should notified	10 B	19a, INFORMANT'S NAME (Type/Print)		,				Route Number, City or Tox			
y be re age 5	-	Mr Robert A. Jo	hnson					, Sandy S			
6 mar stor, p		1 Burial 2 Cremation 3 Page 4 Donation 5 Other (Specify)	ovel from State				al Ceme	etery San		or Town, State	
		21. SIGNATURE OF FUNERAL SERVICE LIC	zisa:					VERAL HOM			
death. Pag funeral di J. examiner	A	DI DEEK!	h.	0.						ckville,Md	
		23. PART I. Enter the diseases, or o	complications that	t caused the dasti						t, Approximate	
y filled I		shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	. t	ESPIRA			PEST ATT			interval Betwee	
cuted within cuted within d complete vurial, cremit tic event,	z		b. DUB/TO	OR AS A CONSEQUE	INCE OFF	PEZ	PEAC	/NFAB	STION	WAY	
ate be execut ysician and o prior to buris	CATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	C C	BPA	ENCE OF):	4PA	ER109	cceros	15	YRS	
ath certific tending pit al Hygiene	CERTIFICATION	that initiated events resulting in death) LAST	a DEFE	COSCO	ENCE OF	16	PED/O	JASC.	D15.	4£5,	
the death the atten i Mental i	LC	PART II. Other significant condition	e contributing to			underlyin	g cause given i	n Part I. 24a. WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS	
25-	할	MAYPER	TENSI	1000	нурег	cens	10n	PERFO	2 AO	COMPLETION OF CAUSE OF DEATH?	
requires that seen signed by of Health an shows any	MEDIC/	MOLTIPLE STROKE WITH (ELEBRA									
law law			DFALL	21/00	?						
SICIAN: The certificate har the State D	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOS FITAL:	ER/Outpatient 3	DOA 4 N	ER:	LACE OF DEATH (C	check only one) 6 Other (Specify)			
IN OF ING PHYSIC fiter this ce eath with the marked,	ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF (Month, D		186. TIME OF INJURY M	W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCU	RED	
TTENDI TTENDI TTOR: A after d		3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE O building,	F INJURY — At home etc. (Specify)	, farm, street, f	actory, offic	00	261. LOCATION (Street City or Town, State	t and Number or e)	Rural Route Number,	
OB DIRI	COMPLET	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of	my knowledge, death	occurred et th	e time, date	e and place, and d	ue to the cause(a) and m	anner as stated		
DSPITE UNERA Thin 7	Š	2 MEDICAL EXAMINE	R: Orrape basis of e	mination and/or inv	estigation, in m	y opinion,	death occured et ti	ne time, data and place, a	and due to the	cause(a) and manner as stated.	
TO THE HOSPITAL TO THE FUNERAL De filed within 72 i	8	296. SUPPRITURE AND TITLE OF CENTIFIE	P. 0	ande	H	P	29c. LICENSE N	406	29d. DATE 5	SIGNED (Month, Day, Year)	
)	2	30. NAME AND ADDRESS OF PERSON WAS	O COMPLETED CAUS	SE OF DEATH (ITEM 2	(Type, Print)	04	NEY	Md. 20	1832		
D		31. DATE FILED (MONTE Day, Your)	32. REGISTRAR'S SIGNATURE Julia Savidson-Randelle								

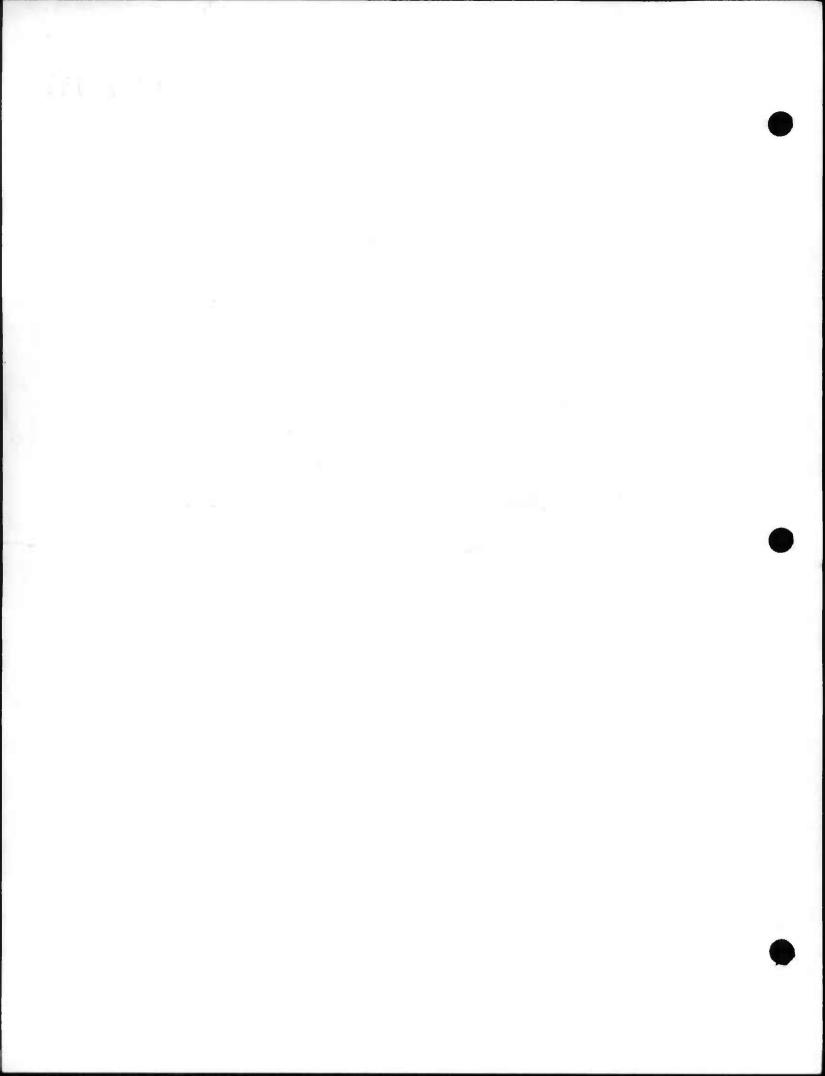
BALTIMORE, MARYLAND 21203-3	aw requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending	s been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the control of the second by the attendance of Haoth, and Mental Huriana prior to burial premation, or promoted
BALTIMORE	Z4 nours after death, Page 6 may	/ filled in by the funeral director, pa
13146,	occuted within	and completely
P.O. BOX	eath certificate be a	attending physician
. RECORDS, P.O. BOX 13146,	aw requires that the d	s been signed by the

		1 - STATE REGISTRAR	STATE OF MARY					EALTH DEAT			HYGIENI REG. NO.	90	28	3746
		1. DECEDENT'S NAME (First, Middle, Last) Paul Gerald	Jones							2. DATE OF MONTH	14,	1990°	EAR	3:15 A. M
	1	4. SOCIAL SECURITY NUMBER 219-12-0898A	0.00	E (In yrs. lest bli	rthday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH 8. BII			CE (State or Foreign	
PR	1	Pa. FACILITY NAME (If not institution, give a		טט	THS.	9b. CITY,	TOWN O	R LOCATIO	ON OF DE		7,19	9c. COUNTY		
N. 0	CTOR	831 Mulberry Avenue Hagerstown Washin								ningt	on			
Entrance Mary speed	쁜	106. COUNT	•	1		Y, TOWN O								INSIDE CITY LIMITS?
	AL DI	Maryland Wast	nington		Hagers town							10g. CITIZER		YES 2 NO
an. ransit p	165	831 Mulberry Ave						21740					SA	
3146 Jing physician. the burial-trans	BY FUN	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YI IF YES, GIVE WAR OF	ES 2 X NO		1	f yes, spe		n, Maxicar	IIC ORIGIN? (n, Puerto Ric /:		or No— 14	Specific	American indian, nita, etc. hite
MARYLAND 21203-3146 retained by the hospital or attending physician. 5 should be detached for use as the burial-transit permit.	PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 11 Years		16a. DECEI (Give in the Do	kind of v	USUAL Of work done of the retired.)	CCUPATIO	DN st of workin	g			.1 Auto		le
MARYLAND 2. 1 retained by the hospital 5 should be detached to		17. FATHER'S NAME (First, Middle, Lest) Fred Jones	16. MOTHER'S NAM Grace						Surname)					
	TO B	198. INFORMANT'S NAME (Type/Print) M. Manzelle Jones	3					nd Number Aven				n, Stere, Zip Co		21740
ORE, I		20s. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Rem	noval from State	20b. PLACE OF Rest	DISPOS	SITION (Na	me of cen	netery, crem			20c. LO	CATION — CIT	or Town,	
BALTIMORE, I ter death. Page 6 may be the funeral director, page wal.		21. SIGNATURE OF FUNESAL SERVICE LI	CENSION CONTROL 22, NAME AND ADD GET ALD IN Funeral							inich				c Street aryland
thin 2% nours affectly filled in by smatton, or remo		23. PART I. Enter the diseases, or shock, or heart fallure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cause or		~-	C				h aa cardla	oc Or reapi	ratory arrea	t,	Approximate Interval Between Onset and Death
BOX 131 ficate be execution physician and cone prior to burished to burish and the prior to burish are traumable.	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	S A CONSEQUE										
death certification of attending lental Hygie	Ö		d											
O the party		PART II. Other algnificent condition	ns contributing to dest	th but not resulting in the underlying cause given in				given in		PERFOR	WAS AN AUTOPSY PERFORMEO? YES 2 NO		RE AUTOPSY FINDINGS ULABLE PRIOR TO MPLETION OF CAUSE DEATH?	
	N. M				·			•					1[YES 2 NO
Z fags	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	N.AMA. B. [7]		OTHE	₹:			sek only one)				
PHYSIC this ce this ce	<u> </u>	27. MANNER OF DEATN 1 Natural 5 Pending	28a. DATE DF INJUI (Month, Day, Yea	RY 2	28b. TIM		28c. INJ WO			8 Other (NJURY OCCU	RED	
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29e. CERTIFIER (Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on C									d manner as stated.					
TO THE HOSPITAL TO THE FUNERAL Be filed within 72	O BE C	29h. SIGNATURE AND TITLE OF CERTIFIE	The	6	M	7		29c. LICI	236	MBER 23		29d. DATE S	SIGNED (MC	orth, Day, Year)
	-	30 NAME AND ADDRESS OF PERSON W	H. Kas	5 11		, Print)	9	9	140	wel	1.	el	Hag	endoun
		OCT 16 90	Julia Davidson										W.	ONMN-16 Rev 1/89

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BALTIMORE, MARYLAND 2	juires that the death certificate be executed within 24 Jours after death, Page 6 may be retained by the hospital	sinned by the attending physician and completely filled in by the funeral director page 5 should be detached for
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CORDS, P.O. BOX 13146,	leath (attend
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Ö	uji.	Sig

_		1 - STATE OF MARY REGISTRAR		MENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	90 28747
D	9	1. DECEOENT'S NAME (First, Middle, Lest) James (Cody	Jensen	2. OATE OF DEATH DAY 9-27-90	year 5:47PM m
P		219-88-4069 ¹₽M²□F		IF UNDER 1 YEAR IF UNDER 24 HRS. WONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5-6-70	8. BIRTHPLACE (State or Foreign Country) Washington, D.C.
1, 2, 3 should	PO PO	9e. FACILITY NAME (If not institution, give street end number) Prince Georges General Hosp: RESIDENCE OF DECEDENT		96. CITY, TOWN OR LOCATION OF DE Cheverly	ATH	9c. COUNTY OF DEATH Prince Georges Co.
. Pages 1,	DIRECTOR	10e. STATE 10b. COUNTY		town or Location ver Spring		10d. INSIDE CITY LIMITS? 1
isit permit.	FUNERAL 1	Maryland IMONTGOMERY 100. STREET AND NUMBER 9209 Flower Ave.	1 311	101. ZIP CODE 20901		10g. CITIZEN OF WHAT COUNTRY? USA
by the hospital or attending physician. be detached for use as the burial-transit permit, Pages 1, at once.	BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YE WAR OR	S 2 NO	13. WAS OECENDENT OF HISPAR If yes, specify Cuben, Mexice 1 YES 2 THO Specify	n, Puerto Rican, etc.)	
tal or attendi	COMPLETED	15. DECEDENT'S EDUCATION (Specify anly highest grade completed) Elementery/Secondary (0-12) College (1-4 or 5+)		ISUAL OCCUPATION ork done during most of working retired.)	18b. KIND OF BUSIN	
by the hospit be detached at once.		17. FATHER'S NAME (First, Middle, Last)	Studan	18. MOTHER'S NA	ME (First, Middle, Maiden St	
retained 5 should	TO BE	Thomas J. Jensen 190. INFORMANT'S NAME (TypoPrint) Thomas J. Jensen		ADDRESS (Street and Number or Rural) Flower AVe. Sil		, State, Zip Code)
e 6 may be ector, page must be			other place)	TION (Name of cometery, crematory or	20c. LOC	ATION — City or Town, State
after death. Page 6 may by the funeral director, pa noval.		21. SIGNATURE OF FUNERAL BERVIOLE LICENSEE		22. NAME AND ADDRESS OF FA Francis J.Co	CILITY 11ins INc.	SI1. Spr. Md.20901
r filled in the			ed the death. Do not each line. E INJURIES S A CONSEQUENCE OF	ot antsr the mods of dying, suc		
certificate be executionally physician and Hygiene prior to bur other traumatte	CERTIFICATION	if any, teading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	S A CONSEQUENCE OF			
0 8 5 2 5	A	PART II. Other eignificant conditions contributing to death	but not resulting in	n tha underlying cause givan in	PERFORM	MED? AVAILABLE PRIOR TO COMPLETION OF CAUSE
requires seen sign of Hea	V: MEDIC				XXXES 2	OF OEATH? XIXXES 2 □ NO
AN: The law ifficate has the State Dept ritem 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 MAES 2 NO 1 Inpetient 2 MAES	utpetient 3 DOA	28. PLACE OF DEATH (C/ OTHER: 4 \sum Nursing Home 5 \sum Residence		
NG PHYSICIA fer this certil sath with the marked, or	ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending XXXXAccident Investigation 288. DATE OF INJUR (Month, Day, Vee 9-27-9(2:0	JRY WORK? OPM 1 □ YES 2 ∑X®O	28d. DESCRIBE HOW IN Driver of object imp	MOTORCYCLE/fixed Dact nd Number or Bural Route Number,
OR ATTENDING DIRECTOR: After hours after death	8	4 Homicide determined building, stc. (S		Road	3131 Auton	nobile Blvd.Silver
로 크리는	COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my kn (2) 22 MEDICAL EXAMINER: On the basic of		n, in my opinion, death occured at the	time, date end piece, end	
TO THE HOSPITAL TO THE FUNERAL De filed within 72 I	TO BE	26 SIGNATURE AND TITLE OF CERTIFIER	AM	29c. LICENSE NU OCM		29d. DATE SIGNEO (Month, Day, Year) 9-28-90
4		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF MARIO F. GOLLE, JR., MD 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SI	1	11 Penn Street,	Baltimore,M	ID 21201
		OOT O	Adres Pandal	2		

DHMH-18 Rev 1/89



1146, BALTIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a curs after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: II Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
J. BOX T	sertificate be exec	ling physician any ygiene prior to b	other traumal
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	s that the death of	alth and Mental Hy	s any injury, or
ITAL REC	N: The law require	icate has been significant State Dept. of He	Item 23 show
ION OF V	NDING PHYSICIA	R: After this certify or death with the	Is marked, or
DIVIS	HOSPITAL OR ATTE	FUNERAL DIRECTOI	TANT: If Item 28
	TO THE	TO THE	IMPORT

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
CERTIFICATE OF DEATH		REG. NO.

	1 - FOR STATE 0	F MARYLAND / DEPART CERTIFIC	MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)		7.1.	2. DATE OF DEATH	3. TIME OF DEATH		
İ	MARION	L. JONES		Sept. 26,	1990 8:40Pm		
	4. SOCIAL SECURITY NUMBER 5. SEX		F UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign		
V	071-18-9068 1□M2₩		ONTHS DAYS HOURS MIN.	(Month, Day, Year)	Country)		
	9a. FACILITY NAME (If not institution, give street and number	7.5	b. CITY, TOWN OR LOCATION OF DI	12/27/14	New York		
-		= -	CI CONTRACTOR CONTRACTOR CONTRACTOR		And the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s		
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10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d							
Residence on Eldorado Road Rhodesdale Dorche RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION Maryland Dorchester Rhodesdale							
Maryland Dorchester Rhodesdale 1 o. STREET AND NUMBER 109. CITIZEN OF WHAT CO							
Box 146 21659 U.S.A.							
LONEH	11. MARITAL STATUS 12. WAS DECI	EDENT EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPAI	NIC ORIGIN? (Specify Yea or			
R	JE YES, GI	1 YES 2 NO VE WAR OR DATES	If yes, specify Cuban, Mexica		Black, White, etc. Specify:		
5	3 Widowed 4 Divorced		1	,.	White		
3	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S U	SUAL OCCUPATION rk done during most of working	16b. KIND OF BUSIN	IESS/INDUSTRY		
4	Elementary/Secondary (0-12) College (1-4	life Do NOT use	retired.)				
COMPLE	8th	License	Pract.Nurse	Hospi e	tal		
5	17. FATHER'S NAME (First, Middle, Lest)			ME (First, Middle, Maiden Sur			
D L	Bert	Scott	Enid	VanWagner	Scott		
	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING A	DDRESS (Street and Number or Rural	Route Number, City or Town, S	State, Zip Code)		
-	Frederick R. Lewis	P.0.B	ox 146A, Rho	desdale, M	1D 21659		
	20e. METHOD OF DISPOSITION 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removal from Stat.	other place)	TON (Name of cemetery, crematory or		TION — City or Town, State		
	4 Donation 5 Other (Specify)	Hi			eralsburg, MD		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF FA				
	Muhail Faskon	No market and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the	Framptom-H		neral Home		
	23. PART I. Enter the diseases, or complications	that caused the death. Do no	t antar the mode of dying, suc	ch as cardiac or respirat	tory arreat, Approximata		
	shock, or heart failure. List only one IMMEDIATE CAUSE (Final	Cause on each lina.			Interval Between Onset and Death		
	disesse or condition	cinam as 6	4 Calm - 1	11tuntal			
ı	resulting in death) a	E TO (OR AS A CONSEQUENCE OF)	1	postovaci.	9		
_	C	CINUM au le ETO (OR AS A CONSEQUENCE OF)	uclimitul	monay	Decise		
ALION	Sequentially list conditions, ou	E TO (OR AS A CONSEQUENCE OF):		1			
3	CAUSE (Disease or Injury						
HILL	that initiated events	E TO (OR AS A CONSEQUENCE OF):					
	resulting in death) LAST						
2	PART II. Other algnificant conditions contributing	g to deeth but not resulting in	the underlying cause given in	Part I. 24s. WAS AN AU	JTOPSY 24b. WERE AUTOPSY FINDINGS		
5				PERFORME	COMPLETION OF CAUSE		
MEDIC				1 🗆 YES 2 🖫	OI SEALLY		
- 12				_	1 TYES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEATH (C)	heck only one)			
PHYSICIAN:	EXAMINER? HOSPITAL		OTHER:				
		E OF INJURY 28b. TIME	OF 28c, INJURY AT	28d. DESCRIBE HOW INJ	LIRY OCCURED		
	1 Natural 5 Pending (Mod	nth, Day, Year) INJU	M 1 YES 2 NO				
	2 Accident Investigation 3 Suicide & Could not be 28e. PL/	CE OF INJURY — At home, farm, str		28t LOCATION (Street and	d Number or Rural Route Number,		
3		ding, atc. (Specify)	, , , , , , , , , , , , , , , , , , , ,	City or Town, State)			
	29a. CERTIFIER	- No. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	397				
MILE	(Check only	est of my knowledge, death occurred			or as stated. dus to the ceuse(s) and manner as stated.		
3		or azammanon and/or investigation.					
2	290- STON ATURE AND TITLE OF CERTIFIER	askinder	29c. LICENSE NU	MBER C	ING. DATE SIGNED (MOHIN, DIN; MAY)		
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED	CALISE DE DEATH TELLON	10011	US	10/1/10		
	Trede Malartaine to	202 /-	7.1	Hur	lack hin		
	31. DATE FILED (Month, Day, Year) 32. REG	STRAM'S SIGNATURES TAL	della della	- Town	OCK, 17D		
	OCT 03'90	STRUM SIGNATURE	V				
		17					

BALTIMORE, MARYLAND 21203-3146	after death. Page 6 may be retained by the hospital or attending physician. yethe funeral director, page 5 should be detached for use as the burial-transit per	ical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-Mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the afterning physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permitted to the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of	be filed within 72 nouns ared death with the State Debt. Or regard and wellight him to build, cremand, or remove. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

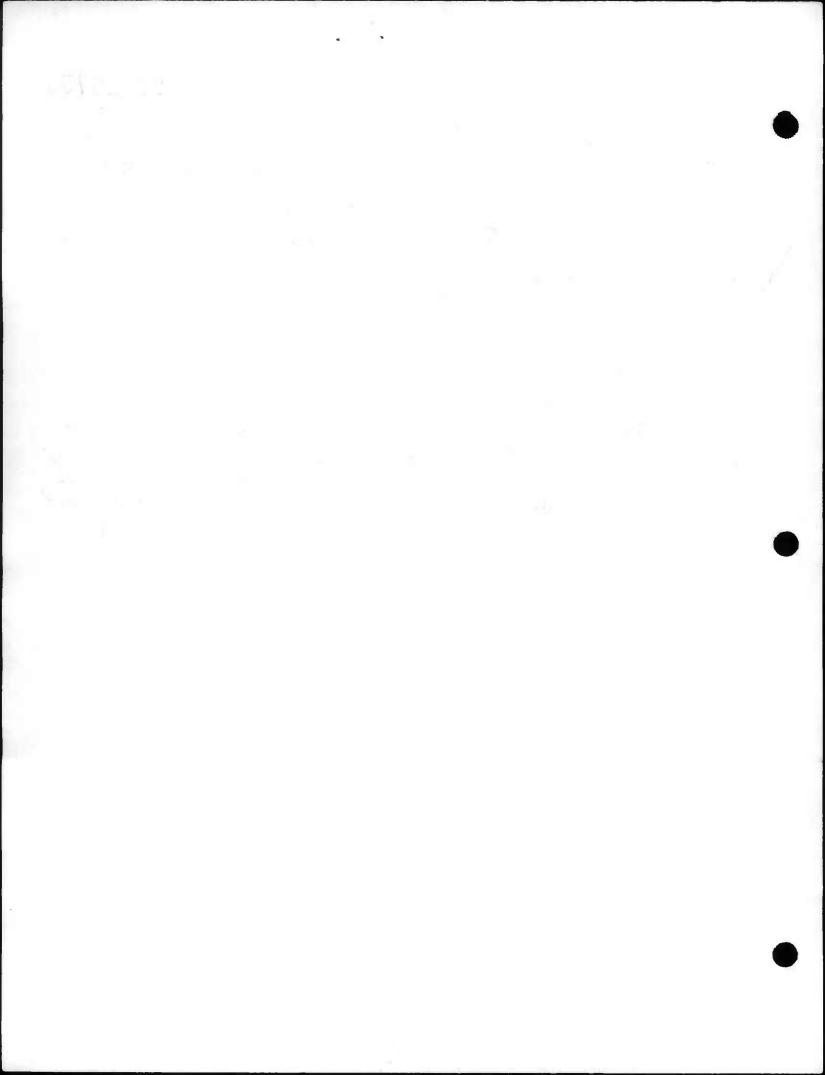
_							1120: 110			
	1. DECEDENT'S NAME (First, Middle, Last)	aco	cobs				2. DATE OF DEATH DAY YEAR 3.			E OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE 216-60-9334 1 M 2 X F	(in yrs. last t		UNDER t YEAR	IF UNDER 24		DATE OF BIRTH (Month, Day, Year)	500	Country)	(State or Foreign
	Se. FACILITY NAME (If not institution, give street and number)	/	91	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						
e B		NTER		ANNAPOLIS ANNE ARUNI					DEL	
ᇤ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, To	OWN OR LOCA	TION				10d. IA	ISIDE CITY
DIRECTOR	MARYLAND ANNE ARUNDEL		CROI	WNSVI	LLE				LIMITS? 1 YES 2 NO	
FUNERAL	10e. STREET AND NUMBER P. O. BOX 498				f. ZIP CODE		10g. CITIZEN OF WHA			DUNTRY?
N.		IN U.S. ARM	FD		21032		DRIGIN? (Specify Yes		S.A.	ericen Indien
	1 Never Married 2 Married FORCES? 1 YES							Black, White Specify:	, etc.	
D BY	3 Widowed 4 X Divorced								ACK	
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(G/ve	EDENT'S US s kind of work Do NOT use re	UAL OCCUPAT done during m etired.)	ost of working		16b. KIND OF BUS	SINESS/INDUS	TRY	
7	Elementary/Secondary (0-12) College (1-4 or 5+)		SEC.				WEST	ING I	HOUSE	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHE	ER'S NAME	(First, Middle, Malden	Surname)		
BE	ALEXANDER B. JACOBS		0.10100				PARKER			
2	198. INFORMANT'S NAME (Type/Print) MARY JACOBS						e Number, City or Tow		/	
	20e. METHOD OF DISPOSITION 2	Ob. PLACE O	F DISPOSITI	ON (Name of co			NNAPOLI 20c. LO	CATION — City		
		ILL (<u>CRESI</u>		ETERY			NAPOI	IS.	MD.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			22. NAME /	ND ADDRESS	S OF FACILI	W 821 WE	ST ST	. ANI	NAPOLIS!
	Lavy J. Belse	parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel parallel par		REES	E & S	ONS	MORTHAR	У. Р.	Α	21401
	23. PART I. Enter the diseases, or complications that cause on shock, or heart fallure. List only one cause on	aach lina.						iratory arres	1.1	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	te 1	rem	olyti	cau	леми	io			2days
	resulting in death) a. OUE TO (OR AS	A CONSEQU	CONSEQUENCE OF):						7	
8	IMMEDIATE CAUSE (Final disease or condition resulting in death) Acute neurolytic anemia oue to (or as a consequence of): Sequentially list conditions, Due to (or as a consequence of): Due to (or as a consequence of):									8 years
Ä	If any, leading to immediate cause. Enter UNDERLYING	A CONSECU						į		
CERTIFICATION	CAUSE (Disease or injury that initiated evants	A CONSECU	JENCE OF):							
問	resulting in deeth) LAST									
	PART II. Other significant conditione contributing to death	but not re	sulting in 1	the underlyi	ng ceuee gl	Iven In Par	rt I. 24a. WAS AN	AUTOPSY		AUTOPSY FINDINGS
MEDICAL							_ 1 □ YES	No		LETION OF CAUSE
M							-		1 🗆 1	YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			28 1	LACE OF DE	ATM (Chack	orty one)			
SICI	EXAMINER? 1	stpatient 3 [THER:			Other (Specify)			
PHYSICIAN:	27. MANNER OF OEATH 28e. DATE OF INJURY	Y	28b. TIME C	OF 26c. IN	JURY AT		d. DESCRIBE HOW	NJURY OCCU	RED	
BY	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2					
								281. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
COMPLETED	29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, date and place, and due to the cause(e) end manner ee stated. Description of the basic of my knowledge, death occurred at the lime, date and place, and due to the cause(e) end manner ee stated.									
SIGNATURE AND TITLE OF CERTIFIER SELECTION WHO COMPLETED CAUSE OF DEATH (ITEM 27) (NO. Print)						R	29d. DATE S	G Q	, Day, Year)	
						. 2	1401 3	Strant	E. 50	elonick
	31. DATE FILED (Month, Day, 1981) Julia J. REGISTRAR 1990			- 0.07	-					
- 1	VUI U (/									

36 Salas Salas

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache he find within 27 hours after death with the State Dest, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
age 6 may be r	director, page 5	er must be n
s after death. Pr	by the funeral emoval.	dicai examine
vithin 24 woun	pletety filled in remation, or r	ent, the me
be executed v	cian and comport to burial, c	raumatic evi
ath certificate	ttending physi	, or other t
es that the de	gned by the a	s any injury
he law requir	e has been si	m 23 show
PHYSICIAN: 1	this certificat with the Stat	rked, or ite
ATTENDING	ECTOR: After	n 28 is ma
HOSPITAL OR	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the I had within 72 hours after death with the State Dent, of Health and Mental Hydiene prior to burial, cremation, or removal.	RTANT: If Item
THI OT	THI OT	IMPO

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIEN
CERTIFICATE OF DEATH		REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		ENT OF HEALTH AND	MENTAL HYGIEN		0 28/50				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH				
	Harold		Jack	Son	Beolenber		190 000 M				
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. la		OER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)				
	218-20-6782	10M20F 65	YRS. MONT	HS DAYS HOURS MIN.	6 211	925	md.				
	9a. FACILITY NAME (If not institution, give st	reet and number)	9b. (CITY, TOWN OR LOCATION OF O	EATH	9c. COUNTY	OF DEATH				
DIRECTOR	Peninsula General	Hospital		Salisbury, MD		Wic	omico				
EC	10a. STATE 10b. COUNTY		10c. CITY TOV	VN OR LOCATION			10d. INSIDE CITY				
Ö	md. Do	repester	Khi	desdale			1 NES 2 1				
AL	10e. STREET AND NUMBER	, , , ,		101, ZIP CODE	•	10g. CITIZEN	OF WHAT COUNTRY?				
FUNERAL	WH B	0/211		2165	4	91.	0.4.				
F	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. AT FORCES? 1 YES 2	RUÉD NO	13. WAS DECENDENT OF HISPA If yea, specify Cuban, Maxic		a or No— 14.	. RACE — American Indian, Black, White, etc.				
В	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 TYES 2 THE Speci	ty:		Brock				
	15. DECEDENT'S EDUC	CATION 18a. D	ECEDENT'S USUA	L OCCUPATION	16b. KIND OF BU	ISINESS/INDUS	TRY				
COMPLETED	(Specify only highest grade	Completed) ((College (1-4 or 5+)	Give kind of work d e. Do NOT use ptir	one during most of working ed.)		1	4				
IPL	Secondario		laba	res	Longe	ruch	in				
S S	17. FATHER'S NAME (First, Middle, Last)	A		18. MOTHER'S NA	AME (First, Middle, Maide	Surname)					
BE (none xaco	Kom		Em	ma 7	Tarr	ari				
TO B	199 INFORMANT'S NAME (Typo/Print)	19	96. MAILING ADD	REPS (Street and Number of Rural	Boute Number City or To	m. 59910 250 9	941				
-	Noretha M	enry /	208	Sprighill	Rd So	eliste	my, md.				
	20a. METHOO OF DISPOSITION 1 Derial 2 Cremation 3 Ramo	oval from State	OF DISPOSITION	Liferifie of compatity, crometory or	30c. LI	CATION - City	for Towns Titute				
	4 □ Donation 5 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	PU	elds	22, NAME AND ADDRESS OF A	M	ros L	row, mg.				
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		Blome S	meth 7	unlia	of Horse				
	Drong DI	ran		P.O. Box	928 H	urk	ock, ml.				
	23. PART I. Enter the diseases, Dr c	omplications that caused the d	leath. Do not e	nter the mode of dying, suc	ch es cardiac Dr reap	oiratory errest	t, pproximate interval Between				
	IMMEDIATE CAUSE (Finel	0 1-	1	1			Onset and Death				
	disease or condition reaulting in deeth)	. Beflee.	Moe	R							
		OUE TO (OR AS A CONSE	EOUENCE OF):								
O	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF)										
ATI	if any, leading to immediate cause. Enter UNDERLYING	Coop of the	the little								
FIC	CAUSE (Disease or Injury that Initiated events	OUE TO FOR AS A CONSE	EQUENCE OF):								
CERTIFICATION	resulting in death) LAST	d									
	PART II Other significant condition	e contributing to death but not	reculting in th	a underlying course cluen in	Port I 24- une a	MAIITOREY	24b. WERE AUTOPSY FINDINGS				
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ă	The store	Sme putators, Vishet's mellitro, dep Ven 10 yes 22 NO OF									
Σ	3 44 60 7				—		1 TYES 2 NO				
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	hank only one)						
Sici	EXAMINER?	HOSPITAL:		HER:							
H	27, MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME OF	Nursing Homa 5 ☐ Realdance 28c. INJURY AT	28d. DESCRIBE HOW	INJURY OCCUP	RED				
/ P	1 Natural 5 Pending	(Month, Day, Year)	INJURY	M 1 YES 2 NO							
	2 Accident Investigation 3 Suicide 6 Could not be	Rural Route Number,									
COMPLETED	4 Homicide determined	6 Could not be building, atc. (Specify)									
29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.											
NE C	CONSUM UNITY	R: On the basis of exemination and/or									
S	29b. SIGNATURE AND TITILE OF CERTIFIER	3		29c. LICENSE NU	IMBER	29d. DATE S	IGNEO (Moritif, Day, Year)				
BE	C F(/)	(ICMD		DYO	190	190 P/2					
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE OF DEATH (IT	EM 37) (Type, Print		- /2	1	- , , -				
	Eddie Dolazai 31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	Isbur	y Mediente	ty SAlis	bury,	MO2/801				



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		REGISTRAR		CE	RIIF	CATE	PF DEATH		REG. NO.				
	75	1. DECEDENT'S NAME (First, Middle Nellie N.						2. DATE OF	DAY		AR	TIME OF DEATH	
								10	04			0045 A. M	
(P)		4. SOCIAL SECURITY NUMBER	5. SEX 1 ☐ M 2 📉 F	6. AGE (In yrs. lest		MONTHS DAY		7. DATE OF (Month, I	Day, Year)		SIRTHPLA Country)	CE (State or Foreign	
(12)		192-34-1576		93	YRS.				9-96			11, MD	
	1	9a. FACILITY NAME (If not institution	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s			-2 15 16	VN OR LOCATION OF DI	EATH		9c. COUNTY OF DEATH			
2,3	0	Union Hospital	L			F	lkton			Cec	11		
, s	5	RESIDENCE OF DECEDE	COUNTY		10c CIT	Y, TOWN OR LC	CATION				100	. INSIDE CITY	
Se .	DIRECTOR	MD	Cecil								LIMITS?		
ŧ		10e. STREET AND NUMBER	CECTI			Elkto	10f. ZIP CODE			1 ☐ YES 🏋☐ NO			
# B	A I	270 Quarry Rd.				21921				U.S.A.			
46 physician. burial-transit permit. Pages 1, 2.	FUNERAL	11. MARITAL STATUS		IT EVER IN U.S. ARI	MED	13 WMS	DECENDENT OF HISPAI	AIC OBIGINS	(Specify Voc				
16 ourial	_ 1	1 Never Married 2 Marrie	FORCES? 1	YES 2 N		If yes	, specify_Cuban, Maxica	in, Puarto Ric	an, atc.)	01 110-		nita, etc.	
314 the th	BY	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE V	WAR OR DATES		ים ו	YES 2 NO Specif	у:			Specify:	Black	
21203-3146 lal or attending phys for use as the buria	8	15. DECEDENT	'S EDUCATION	16a, DE	CEDENT'S	USUAL OCCUP	ATION	16b. K	IND OF BUS	INESS/INDUST	RY		
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spital spital	집			·	Home	maker			Own H	lome			
LAND 21203- by the hospital or attend be detached for use as at once.	COMPL	17. FATHER'S NAME (First, Middle, L	ast)		_		16. MOTHER'S NA	ME (First, Mic				-	
at be at	E	Elisah William	ns				Laura	(Unkno	own)				
MARYLAND 21203-3146 s retained by the hospital or attending physician. 5 should be detached for use as the burial-tran notified at once.	B	19a. INFORMANT'S NAME (Type/Prin	nt)	198	MAILING	ADDRESS (Str	eet and Number or Rural			, State, Zip Coo	io)		
	2	Delbert Jackso	on		651	Iron H	ill Rd., 1	Newark	. DE	19702			
6 may be ctor, page nust be		20a. METHOD OF DISPOSITION		20b. PLACE	OF DISPOS	SITION (Name o	f cametary cramatory or			ATION — City	or Town,	Sista	
O B o B mus		1 X Buriel 2 Cremation 3 4 Donation 6 Other (Specific		Griff	ith	A.U.M.	P. Church		Ced	ar Hi]	1, N	Œ	
Page al direct		21. SIGNATURE OF FUNERAL SERV	NCE LICENSEE		22. NAME AND ADDRESS OF FACILITY								
BALTIMORE, MARYLAND for death. Page 6 may be retained by the hospit the funeral director, page 5 should be detached and.		P (March	12 / 42	190869			go Funera						
By the noval.	\vdash												
By din by the or removal.		shock, or heart feliure. List only one cause of each line.										Interval Between	
£ 5 €		IMMEDIATE CAUSE (Finel disease pr condition									Onset and Deeth		
ted within 24-yours after completely filled in by th ial, cremation, or remove cevent, the medical	1	reaulting in deeth)	s. TWLY	OR AS A CONSEC	LIENCE O	D (di ven.						
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W requir been si bt. of He											1 [YES 2 NO	
AL RECORDS he law requires that the has been signed by th s bept, of Health and h n 23 shows any ini	N N	25. WAS CASE REFERRED TO MED	ica.										
DIVISION OF VITAL RECCORD ATTENDING PHYSICIAN: The law requires DIRECTOR: After this certificate has been sign hours after death with the State Dept. of Healten 28 is marked, or Item 23 shows	PHYSICIAN: M	EXAMINER?	HOSPITAL:			OTHER:	6. PLACE OF DEATH (C)						
CLAN ICLAN the S	1 %	1 YES 2 100		ER/Outpatient 3			Home 6 Residence			LINEW COOLIN	50		
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TO THE HOSPITAL TO THE FUNERAL De filed within 72	8	2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as state									d menner as stated.		
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		31. DATE FILED (Month, Day, Year)	32. REGISTR	AR'S SIGNATURE,	Randa	00							
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32. REGISTRAR'S SIGNATURE

Bridge Street

Elkton, MD

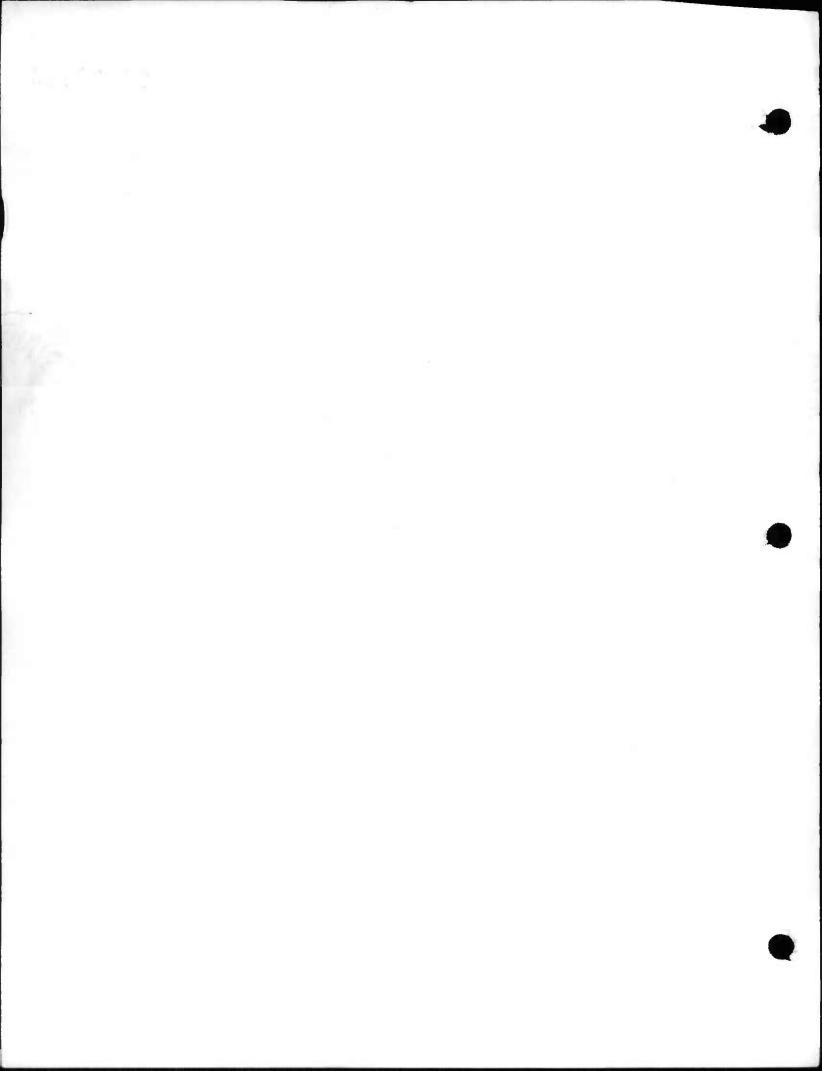
	FOR 1 STATE	STATE OF MARY	/LAND / DEPAI	RTMENT OF H	IEALTH AND I	MENTAL H	YGIEN	E	90 2875	2
	1 - STATE REGISTRAR		CERTIF	ICATE OF	DEATH	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. OATE OF	DEATH		3. TIME OF DEATH	
		Alice R	. Jones			Octob	er 6	. 19	YEAR 1725	м
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AC	E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E			8. BIRTHPLACE (State or Foreign	
1				MONTHS DAYS	HOURS MIN.	(Month, Da	y, Year)		Country)	
	215-18-7376	1 🗌 M 2 💢 F	90 YRS.			Feb. 1	.6,	1900	Pennsylvania	
	9e. FACILITY NAME (If not institution, give a	street and number)		9b. CITY, TOWN (OR LOCATION OF DE	EATH		9c. COUN	TY OF DEATH	
8	Union Hospital	of Cecil Co	unty	Elkto	n			Cec	il	
DIRECTOR	RESIDENCE OF DECEDENT									
# 1	10e. STATE 10b. COUNT	Y	10c. CI1	Y, TOWN OR LOCAT	TION				10d. INSIDE CITY LIMITS?	
ā	Maryland Cec	il	N	orth Eas	t				1 YES 2 NO	
井	10e. STREET AND NUMBER			101	f. ZIP CODE			10g. CITIZ	EN OF WHAT COUNTRY?	
FUNERAL	6 Mechanics Val	lev Road			21901			II.S	.A.	
Z	11. MARITAL STATUS	12. WAS DECEDENT EVE	D IN II S ADMED	12 WAS DEC	CENDENT OF HISPAI	NIC ODICINS (6)	nacihi Vas		14. RACE — American Indian,	_
	1 Never Merried 2 Merried	FORCES? 1 Y	ES 2 X NO	If yes, sp	ecify Cuben, Mexica	n, Puerto Ricer	i, etc.)	01110-	Black, White, etc.	
B	3 🔯 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OF	R DATES	1 TYES	2 NO Specif	y:			Specify: White	
	15. DECEDENT'S EDU	ICATION .	14- DECEDENTIE	USUAL OCCUPATION	ON.	401 1/10	D 05 BU	SINESS/INDI	LOTTON .	-
쁘	(Specify only highest grade	completed)	(Give kind of	work done during mo	ost of working	IOD. KIN	D OF BUS	SINE 35/IND	DSIRT	
	Elementery/Secondery (0-12)	College (1-4 or 5+)		ic Artis		Co	vorn:	ment		
물	12		Graph	IC ALCES						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA		-			
BE		Radzewicz				Mary	Mis	cavag	e	
2	19e. INFORMANT'S NAME (Type/Print)				end Number or Rural					
-	Arthur R. Jones				len Stre	et	_	ton,		
	20a. METHOO OF DISPOSITION Oct	. 10, 1990	20b. PLACE OF DISPO other place)	SITION (Name of cer	metery, crematory or				Ity or Town, State	
	4 Donation 5 Dother (Specify)		St. Paul						ll, Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME A	ND ADDRESS OF FA	for Fu	nera	ls, P	.A.	
- 3	1 miles	Chille		Bow	and Sto	ckton	Stre	ets		
	23. PART i. Enter the diseeses, or	complications that cau	sed the death. Do					retory sm	est, Approximate	
	shock, or heert fellure. IMMEDIATE CAUSE (Finel	List only one couse of	n each line.	1	2	1		0	interval Betwee	
	disease or condition									
1 1	resulting in deeth) a. Due TO (OR AS A CONSEQUENCE OF):									
_	Ba = Star Class For									
ERTIFICATION	Sequentially list conditions, Due to (on as a consequence or):									
¥	if sny, leeding to immediate csuse. Enter UNDERLYING					1			1	
[윤]	CAUSE (Disesse or injury that initiated events	DUE TO (OR A	S A CONSEQUENCE O	F):						
ΙĒΙ	resulting in death) LAST			1000						
岗		d							-1	
	PART II. Other significent condition	ns contributing to deet	h but not resulting	not resulting in the underlying ceuse given in Part i.				AUTOPSY	24b. WERE AUTOPSY FINDIN	NGS
MEDICA							PERFOR	. /	AVAILABLE PRIOR TO COMPLETION DF CAUS	SE
						- 11	YES 2	KINO	DF DEATH?	
									1 TYES 2 NO	
Ž										
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF OEATH (C/	heck only one)				
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. INJURY 4 Nursing Home 5 Residence s Other (Specify) 29. DATE OF INJURY Sec. INJURY AT WORK? 29. DATE OF INJURY Sec. INJURY AT WORK? 20. DATE OF INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Sec. INJURY Se										
								CUREO		
ED	3 Suicide 8 Could not be	ce	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
4 Homicide datermined										
19	29e. CERTIFIER CERTIFYING PHYS	SICIAN To the best of my k	nowledge, death occur	red at the time, date	e and place, end due	e to the cause(end me	nner se state	ed.	
COMPLET	one) # MEDICAL EXAMIN	ER by the basis of examin	ation and/or Investigat	on, in my opinion,	death occured at the	e time, date end	place, er	nd due to th	e ceuse(e) end menner ee stated	id.
1	29b. SIGNATURE AND TITLE OF CENTIFIE	90			29c. LICENSE NU	MBER		29d. DATE	E SIGNED (Month, Day, Year)	
B	tul		J.G.Lanzi	,M.D.	D 6181				0/9/90	
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C			1. DECEDENT'S NAME (First, Middle, Lest)	F. FRANCE	Sor	. JOHNS	ON		2. DATE (OF DEATH	× 9	YEAR 3.	TIME OF DEATH
			4. SOCIAL SECURITY NUMBER	****	'In yrs. las	birthday) IF UNDER 1 YEAR	_	IF UNDER 24 HRS.	7. DATE O	F BIRTH			ACE (State or Foreign
- 9		ı	214-36-3190-A			YRS.		LOCATION OF DEA		fo, "1			yland
(OR	Sharp Straight	Grove Adva	75-	JOHN	111	ville,	ATN		77.5	ty of DEAT	
,		DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	Y		10c. CITY, TOWN OR LO						10	d. INSIDE CITY
	8	DIR	Maryland Mon	tgomery		Gaithe							LIMITS?
	E .		10e. STREET AND NUMBER	090027			_	ZIP CODE			10g. CITIZ	EN OF WHA	T COUNTRY?
	anat	FUNERAL		y Drive,				20878				.S.A	
ဖွ	hysicia unal-tr	J.	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER II FORCES? 1 YES	2 24	IO If yes,	, spec	NDENT OF HISPANI city Cuban, Mexican	, Puerto R	? (Specify Yea Ican, etc.)	or No		Americen Indian, hite, atc.
21203-3146	attending physician	ВУ	3X Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	101	YES 2	NO Specify:	:			Bla	ck
203	attenuse as	回	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	/G	CEDENT'S USUAL OCCUPA ive kind of work done during	ATION most	of working	16b.	KIND OF BUS	INESS/IND	USTRY	
		LET	Elementary/Secondery (0-12)	College (1-4 or 5+)		ousewife				No	ne		
AND.	the hospital detached fo once.	COMPL	6th Grade 17. FATNER'S NAME (First, Middle, Lest)		- 11	ousewill c	Т	18. MOTNER'S NAM	ME (First, M	liddle, Maiden	Surneme)		
7	d be d	BE C	Phillip	Thomas				Emm	a	Ada	ms		
¥	s retained by the hospital of should be detached for notified at once.	0 1	19a. INFORMANT'S NAME (Type/Print) Mrs Inez Turner	(Daughter		5715 E	oot on	nes Rd,	ROC	er, Chy or Town CKVil	n, State, Zip 1e,	Md	#20855
	leath. Page 6 may be funeral director, page xaminer must be r		20e. METHOD OF DISPOSITION 1 1 Burlel 2 Cremetion 3 Ham	20	. PLACE	of disposition (Name of	Ceme	etery, cremetory or	,			or Town	
MO	Page I		4 Donation 5 Other (Specify)		7211			ADDRESS OF FAC					
BALTIMORE,	e = e		Sent R.	mond	میا	246	5 1	N. WASH	ING'	TON S	T, F	ROCKV	ILLE, Md
	n by rem			complications that cause List only one cause on a	ach line	L						eat,	Approximata interval Between
	g # 6 #		IMMEDIATE CAUSE (Final disease or condition	CARO	CINC	MA OF THE	EAI	BLADDEF	EX.	TENSI	YE.	1 .	Onset and Death
ć,	ted within 29-nou completely filled i fall, cremation, or event, the m	1	reaulting in death)	e. OUTU				e inco	aron	V-14	Lun	sur	
13146,		Z	Sequentially list conditions,	b		O							
	or t	CERTIFICATION	if eny, leeding to immediate cause. Enter UNDERLYING	OUE TO (OR AS	A CONSE	OUENCE OF):							
BOX	phy at	빌	CAUSE (Disease or injury that initieted events	c. OUE TO (OR AS	A CONSE	OUENCE OF):							
P.0	end in	E	resulting in death) LAST	d									
S,		. 1	PART il. Other significant condition	ns contributing to death	out not	esulting in the underl	lying	ceuse given in	Part I.	24a. WAS AN PERFOR			ERE AUTOPSY FINDINGS MILABLE PRIOR TO
ECORDS	that ed b th ar	MEDICAL	gentioninges	arlyto	Icl	war			_	1 YES 2		0	OMPLETION OF CAUSE F DEATH?
EC	w requires been sign of. of Heal 3 shows		Viscertial	Nypettu	The DOC!	IS, HYPER	गार	MCTOM				1	YES 2 NO
L B	2	SICIAN:	GENERALIZED A	RTEKTOSCLE	ベリカ .		_	ACE OF DEATH (Che	eck only on	e)			
VITAL	SICIAN: The lan certificate has the State Dep , or item 23	SICI	EXAMINER? 1 YES 21 NO	HOSPITAL:	patient 3	OTHER:		5 Residence	•				
F	PHYSICIA this certif with the rked, or	РНҮ	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)		26b. TIME OF 18c.	. INJU	IRY AT	26d. DES	CRIBE NOW I	NJURY OC	CURED	
		BY	1 Natural 6 Pending 2 Accident Investigation	OR - DI ACE OF WHITE	V 44 b.		_	ES 2 NO		ATION (De			to Month or
DIVISION	TTEND TTOR: A after d	ETED	3 Suicide 6 Could not be 4 Nomicide determined	building, etc. (Spe	oclfy)	ome, farm, street, factory,	OTTICE			ATION (Street or Town, State)		or Hurel Hou	re Number,
D	DIR DOUR	PLE	anal and	BICIAN: To the best of my know									aroconeaaror
	HOSPITAL FUNERAL WITHIN 72 I	COMPL	2 MEDICAL EXAMIN	ER: On the basic of axamination	on end/or	Investigation, in my opinio	on, de			end place, er			
	TO THE HOSPITAL TO THE FUNERAL Be filed within 72 IMPORTANT: If	TO BE	29b. SIGNATURE AND TITLE OF CENTIFIE	X Bucy	M	P		29c. LICENSE NUN	57			e signed (A	fonth, Dey, Year)
	2	F	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF D	EATH (ITE	M 27) (1900, Print) 2 (RS MI	11	Rd	Ro	cKu	ille	Mo	120851
	0		31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIG		0.1		: -					-
	1.1		OCT 0.9 '90	Gulia David	1001-	tandell							



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		er this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 and ith with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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4 OF VITAL RECORDS, P.O. BOX 13146,	IG PHYSICIAN: The law requires that the death certificate be executed within 24 riours after death. Page 6 may be retained by the hospital or attending physician.	er this certificate has been signed by the attending physician and completely filled in by the fath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	narked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR

1 DECEDENT'S NAME (First Mide **BERTHA** 4. SOCIAL SECURITY NUMBER

1 -

DIRECTOR

FUNERAL

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COMPLETED

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	STATE OF M	MARYL					HEALTH F DEAT		MEN		GIENI G. NO.	Ε (90	2875	14
le, Last)	М.			KUN	NDE				- N	TOBER	DA	199	YEAR	3. TIME OF DEAT	A M
	5. SEX	6. AGE (in yrs. last	birthday) YRS.	IF UNDE	DAY	1	24 HRS. MIN.	1 "	ATE OF BIF Month, Day, LY 21	Year)	897	Count	HPLACE (State or For ry) HINGTON	eign
Y NU	reet and number) JRSING C	ENTE	R	_			VN OR LOCATION	ON OF D	EATH				NTY OF D		
COUNTY	TGOMERY			10c. CIT	y, town					· · ·				10d. INSIDE CITY LIMITS? 1 YES 2	NO
ROA	AD						101. ZIP CODE	815					USA	WHAT COUNTRY?	
ed	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 XN		13	If yes	DECENDENT Of the specify Cube		en, Pu			or No—	Blac Spec	E — American India k, White, etc. #y: ITE	n,
T'S EDUC	CATION		16a, DE0	CEDENT'S	USUAL (OCCUP	PATION			16b. KIND	OF BUS	INESS/IN	DUSTRY		

144-10-1777 9a. FACILITY NAME (If not institution POTOMAC VALLE RESIDENCE OF DECEDI 10e. STATE MARYLAND 10e. STREET AND NUMBER 7502 GLENDALE 11. MARITAL STATUS 1 Never Merried 2 Merri 3 Widowed 4 Divorced 15. DECEDENT (Specify only highe (Give kind of work done during most of working life. Do NOT use retired.) College (1-4 or 5+) Elementary/Secondery (0-12) 12 HOUSEWIFE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) ROBERT **OUALHEIM** JOHANNA 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) MARY LOUISE KUNDE (DAUGHTER) GLENDALE ROAD CHEVY CHASE MARYLAND 20815 204. METHOD OF DISPOSITION
1 △ Buriel 2 □ Cremation 3 □ Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State 4 ☐ Donetion 5 ☐ Other (Specify) _ FORT LINCOLN CEMETERY BRENTWOOD, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LIGHTWEE 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD. W. SIL SPR 20901 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition ongstive week reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) Arte Dona PHYSICIAN: MEDICAL CERTIFICATION DUE TO (OR AS A) CONSEQUENCE OF): Sequentially list conditions. if any, leading to immediate . Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 24a. WAS AN AUTOPSY PERFORMED? PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 HO OF DEATH? 1 YES 2 KNO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation М 1 YES 2 NO BY 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 8 Could not be determined COMPLETED 4 Homicide

29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated.

2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(e) and manner as stated. 29b, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

D265

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Phy Mis schreiner MO 31. DATE FILEO (Month, Day, Year)

SutebOZ SO WEdmads 32 REGISTRAR'S SIGNATURE Randon

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10-1-90

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DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 cours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 though	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1. DECEDENT'S NAME (First, Middle, Leat)							2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
	Ki-JUN	N KIM						Sept. >	-	990	00.13 M
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. leat bit	MONTHS	R t YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)		6. BIRTH Countr	IPLACE (State or Foreign
4	None	1 M 2 F	75	YRS.	DAYS	HOURS	milet.	16-8-	14		Korea
DIRECTORS	9e. FACILITY NAME (If not institution, give str	,		9b. CIT		OR LOCATION		АТН		NTY OF D	,
5	8721 Broadmoor	Dr.			Bet	hesda	1		Mor	tgor	nery
E E	10e. STATE 10b. COUNTY		1	IOc. CITY, TOWN	OR LOCA	TION					10d. INSIDE CITY
뜸	Maryland Ma	nt gone	Wu-	Bet	thes	da					LIMITS?
	100. STREET AND NUMBER	- 10	1		10	1. ZIP CODI		21 >	10g. CITI	ZEN OF Y	WHAT COUNTRY?
FUNERAL	8721 B.	r 2dm	gor Dr				208	117		Ko	Y-ex
5	11. MARITAL STATUS		T EVER IN U.S. ARME	Ð 13	WAS DE	CENDENT C	F HISPAN	IIC ORIGIN? (Specify '	fee or No-	14. RACE Black	E — American Indian, k, White, etc.
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced		MAR OR DATES	1		2 100			0	ient	
- 11	15. DECEDENT'S EDUC	CATION	16e DECE	DENT'S USUAL	OCCUPATI	ON		16b. KIND OF S	HISINESS/IND		
	(Specify only highest grade Elementary/Secondery (0-12)	completed) College (1-4 or 5	(Give	kind of work done NOT use retired.	during m	ost of workin	ng	D.			0.4.5
립		HD Col		mys 1/a	an,	reti	rid	$\{ \mid \mid \mid \mid \mid \mid \mid \mid \mid \mid \mid \mid \mid \mid \mid \mid \mid \mid \mid$	ysica	m	(W.D.)
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	レ、				18. MOT	HER'S NA	ME (First, Middle, Maid	on Sumeme)	,	
BE	Jong-Ho	1 mm				3	Bok	-S-004	K	in	
2	190. INFORMANT'S NAME (Type/Print)	1/						Route Number, City or 1			
	Kyung-Son N	KN				_		thesda, M		817	
	20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Remo 4 Donetton 5 Other (Specify)	oval from State	other place	pisposition (lney,		own, State
	21. SIGNATURE OF PUNEBAL SERVICE LIC	DISEE?	1/					Funeral		1101	
	· Uhilio	NKI	Mi			•				-	W.I
	23. PART i. Enter the dispases, or o	complications the	at caused the deat					e., Silve			Approximate
	shock, or heart fallure.	List only one ca	ues on each line.	n. Do not ent	21 LTTO 111	oua or uy	my, suc	n as calonac of re-	piratory arr	rest,	Interval Between Onset and Daath
	IMMEDIATE CAUSE (Final disesse or condition	0	1. 0		to	-04	1	Shows			Onset sind Danth
ŀ	reaulting in death)	DUE TO	O (OR AS A CONSEQUI	ENCE OF):	270	1	10	7 10017			- W No
z		P	W Kinson	¿ Du	مقم	ce,	Adv	ranced.			yr.
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate	DUE TO	(OR AS A CONSEOU	ENCE OF):							
75	cause. Enter UNDERLYING CAUSE (Disease or Injury	c	OR AS A CONSEQUE	ENCE OF):							
E	thet initiated events resulting in daeth) LAST			-							
		9								/ T	
MEDICAL	PART II. Other significant condition	_	(C)	m _{th}	underfyli	ng cause	given in	Part I. 24a. WAS PERI	ORMED?	246	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
ă	Covers	120 cal	or ma	earl				1 YES	2 NO		OF DEATH?
								_			1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				20.0	H ACE OF T	EATH	eck only one)			
S	EXAMINERT/	HOSPITAL:	☐ ER/Outpetient 3 ☐	ОТН	ER:						
ΗX	27. MANIJER OF DEATH	26a. DATE O	F INJURY :	26b. TIME OF	28c. tN	JURY AT	esidence	8 ☐ Other (Specify) 28d. DE\$CRIBE HO	W INJURY OC	CURED	
- 1	1 Metural 5 Pending	(Month,	Dey, Year)	INJURY M	W	ORK? YES 2 [□ NO				
ВУ	3 Suitide 6 Could not be	28e. PLACE	OF INJURY — At home	, farm, street, fr	ctory, off	ce		26f. LOCATION (Street	et end Numbe	r or Rurai	Route Number,
TED	4 Homicids determined	bunding	, etc. (Specify)					City or Town, St	sie)		
PLE	29e. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of	of my knowledge, desti	h occurred at the	time, da	te end place	e, end due	to the cause(e) end	menner ee ata	rted.	
COMPLET	one) 2 MEDICAL EXAMINE	R: On the basis of	examination end/or inv	restigation, in m	opinion,	death occu	red at the	time, date end piece	end due to t	he ceuse(e) end menner ee stated.
BEC	29b. SIGNATURE AND TITLE OF CHITIFIE	A				29c. LIC	ENSE NU	1 0	29d. DA1	E SIGNE	D (Month, Day, Year)
10	THEOLA	X				17	158	54		1-7	8-40
	30. NAME AND ADDRESS OF PERSON WH	^			4	10 - 01	, R	ockvalle	MJ		
	31. DATE FILED (Month, Day, Year)	32. REGISTE	AR'S SIGNATURE	~ H . 8	1	د بند یہ	1	W CH VA 1/4		4	
	9-28-90 0	CT 01 '9) fu	Zn . S lie Davids	an A	inda 00					
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		1 - STATE REGISTRAR		CERTIF	ICATE O	DEATH	REG. NO).		
	- 51 6	1. DECEDENT'S NAME (First, Middle, Lest) AUGELIKI No	KALARGYRI	1 5			2. DATE OF DEATH	7 9	3. 1	TIME OF DEATH
P		4. SOCIAL SECURITY NUMBER 5.		last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLA Country)	CE (State or Foreign
g /		577-90-7550 9e. FACILITY NAME (if not institution, give street		O THS.	Oh CITY TOWN	OR LOCATION OF DE		912 G	REEC	
3 sh	Œ	1 111				M SPRTA				nory
1, 2,	DIRECTOR	RESIDENCE OF DECEDENT	MC				U &-	17.000		
Pages	H	10a. STATE 10b. COUNTY	160 a U		TY, TOWN OR LOC					LINSIDE CITY
Ĕ.		100. STREET AND NUMBER	160MERY	104		SPRTNG-		10g. CITIZEN		YES 2 NO
physician. burial-transit permit. Pages	FUNERAL		MILE			20901	1	GREEC		
physician. burial-tran	S	10834 EASTWOOD - AVE	2. WAS DECEDENT EVER IN U.S			ECENDENT OF HISPAN	IIC ORIGIN? (Specify Ye		_	American Indien,
	ВУ F	1 Never Merried 2 Merried 3 7 Widowed 4 Divorced	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES			specify Cuben, Maxica ES 2 NO Specify		1.	Specify:	2.0
attending se as the		15. DECEDENT'S EDUCAT	100	DECEDENTS	USUAL OCCUPA	TION	16b. KIND OF BU		WHÍT	E
_ 3	ETE	(Specify only highest grade con			work done during i		IOD. KIND OF BO	JSINESS/INDOS	151	
hospital or ached for Ce.	IPL	4	Sollege (1-4 of 0 +7)	HOME	MAKER					
the hospit detached once.	COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Malder	Surname)		
₹ % €	BE (GEORGE AGOURIDIS					IA HAHALIS			
5 should notified	2	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or To	- 1100		AND 00001
be age		ANGELA KALARGYROS 208. METHOD OF DISPOSITION	20b. Pt.			OD AVENUE	SILVER SI	CATION - City		
e 6 may ector, pa must b		1 Donatton 5 Other (Specify)	I from State oth	er place)	EAVEN C					MARYLAND
		21. SIGNATURE OF FUNERAL SERVICE LICEN		/	22. NAME	AND ADDRESS OF FA	CILITY			20901
		· Cent 1	Smaleh				LINS FUNEI Y BOULVARI			
fours after of in by the or removal.		23 PART I Enter the diseeses, or con								Approximate
D D E		shock, or heert fellure. Lis	it only one ceuse on eech	line.						Interval Between Onset end Death
		disease or condition resulting in death)	RESPIRATOR	Y FA	ILUCE					IWK
		Alle Section 10	OUE TO (OR AS A CO	NSEQUENCE (OF):					1,,,,1,
and corr o burial,	8	Sequentially list conditions, b.	DUE TO (OR AS A CO	NSFOUENCE (DHKII					IWK
e be execute sician and c rior to buria traumatic	ξ	if sny, lesding to immediate cause. Enter UNDERLYING	202 10 (01110)		. ,					
certificate ding physi tygiene pri r other t	띨	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CO	NSEQUENCE (DF):					
E 5 - 0	CERTIFICATION	resulting in deeth) LAST								
We the		PART ii. Other algnificent conditions	contributing to deeth but r	not resulting	In the underly	ing cause given in				RE AUTOPSY FINDINGS
that the py the and any in	DICAL	DOMENTIA, MI	JUTIPLY RE	SISTA	NT ST	APH	1 YES	2 NO	CO	MILABLE PRIOR TO MPLETION OF CAUSE DEATH?
	MEC	PNEUHONIA,	DIABETES VIEL	UTUS	3AKH,	RIENSO			15.1	YES 2 THO
law rec as beer Dept. of					,					
SICIAN: The law requires certificate has been sign the State Dept. of Hea I, or item 23 shows	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C)	neck only one)			
CIAN: ertifica the St	IS	1 YES 2 NO 1	28a. DATE OF INJURY	nt 3 🗆 DOA	4 - Nursing H	ome 5 - Residence	6 Other (Specify)	I IN ILIEM COCKE	en.	
NG PHYSI fler this c eath with marked,		1 Natural 5 Pending	(Month, Day, Year)		NJURY	INJURY AT WORK? YES 2 NO	28d. DESCRIBE NOW	INJUNT OCCUP	ieu	
After death	ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY —	At home, ferm			281. LOCATION (Stree		Aural Rout	e Number,
TTEN TOR: after	COMPLETED	4 Homicide determined	building, etc. (Specify)				City or Town, Stat	16)		
	PLE	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	AN: To the best of my knowledg	e, death occu	rred at the time, d	late end place, end du	to the ceuse(s) end m	enner ee ateted.		
	OMI	000)	On the basis of examination an	d/or investigat	tion, in my opinion	n, death occured at the	time, date end place,	end due to the c	ause(s) ar	nd manner se stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	BE C	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	0 -	29d. DATE S	IGNED (M	onth, Day, Year)
THE OF THE DE filed IMPOR	TO B	Stay 1. Ken	1 - 110			1363	52,5	 		
-2	=	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) (7/1	L RAAL	1400	POVEIII	115	IN	730

32. REGISTRAR'S SIGNATURE

who Davidson Randoll

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

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	ifficate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2,		
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SICIAN; The law requires that the death cartificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician	ely fi	with the State Dept. of Health and Mental Hygiene prior to bun'al, cremation, or removal.	ORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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THE HOSPITAL OR ATTENDING	E FU	filed within 72 hours after	RIA
II.	HC	i file	APO
5	12	8	=

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

	REGISTRAR		CE	ERTIFIC	CATE C	F DEA	HT	R	EG. NO.				
i	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF D	EATH DA		YEAR	3. TIME OF DEA	тн
	Pey-Heng	Chou Kuo						Septem				11:20	AM M
	4. SOCIAL SECURITY NUMBER		GE (In yrs. las	t birthday)	IF UNDER 1 YE	R IF UND	\rightarrow	7. DATE OF B	IRTH		6. BIRTH	IPLACE (State or F	oreign
	195-52-2175	1 🗆 M 2 💢 F	85	YRS.	WONTHS DA	S NOURS		(Month, Day June 5		205	Count		
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TO	VN OR LOCA			,, 1.		INTY OF D		
œ /	A										-		- 1
2	13317 Old Forge	Road	_		Sil	ver S	pring			Moi	ntgon	nery	
Sign of	10a. STATE 10b. COUNTY	1		10c, CITY,	TOWN OR LO	CATION						10d. INSIDE CIT	Υ
DIRECTOR	Maryland Mont	gomery			Silv	er Sp	ring					LIMITS?	NO
	10e. STREET AND NUMBER			1		101. ZIP CO				10g. CIT	IZEN OF V	WHAT COUNTRY?	
FUNERAL	13317 Old Forge	Road				2	0904			Ci	nina		- 1
Ž	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. AF	MED	13. WAS			C ORIGIN? (Sp	ecify Yea			E — American Ind	lan.
	1 Never Merried 2 A Married	FORCES? 1 1	YES 2 🔀		If yes	, specify Cui		, Puarto Rican			Blac	k, White, etc.	
B	3 Widowed 4 Divorced	IF TES, GIVE WAR	M DATES		· L.	1E3 2 23 N	о зресну:				Spec	*Orienta	1
	15. DECEDENT'S EDU		16a. DE	CEDENT'S U	ISUAL OCCUI	ATION		16b. KJN	D OF BUS	SINESS/IN	•		\neg
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	(G	ilve kind of wo . Do NOT use	ork done durin retired.)	most of wor	king	-					- 1
4		5	Scl	hool !	reache	r			Edu	ıcati	ion		
COMPLETED	17, FATHER'S NAME (First, Middle, Last)					16. MC	THER'S NAM	AE (First, Middle	a. Maiden	Surname)			
	Shang-Moo Chou					Sh	u-Hen	g Chou	1	,			4
BE	19a. INFORMANT'S NAME (Type/Print)		10	b MAILING	ADDRESS (St	pet and Numi	ner or Rural Br	oute Number, C	ity or Town	n State 7	in Codel		
2	Agnes T. Wu							Rockv	,	,,		and 208	152
	20a. METHOD OF DISPOSITION				TION (Name of			110 071 1			City or To		-
- 1	1XXBurial 2 Cremation 3 Rem	oval from State	other pi	face)	Memori							aryland	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	I GIA.	LUWII				NI ITV				-	
	· Rahery 3		M	00198	Robe 300 Roc	rt A. West kvill	Pump Mont	hrey F gomery ryland	unei Ave	ral I	Home/	Rockvil	le,
	23. PART I. Enter the diseases, Dr	complications that ce										Approxim	
	shock, or heert fellure. IMMEDIATE CAUSE (Final	Liet only one ceuse	on each line	θ.								Onset an	
	disesse or condition	. Respira	tory	Arrasi	-							i	
	resulting in death)	*	AS A CONSE									1	
.,	_	Broncho	genic	Lung	Cance	r Sta	ge TV					4 Mon	ths
DICAL CERTIFICATION	Sequentially list conditione,	W	AS A CONSE			1 000	90 11					1 1101	-
¥	If sny, leading to immediate csuse. Enter UNDERLYING											ļ	- 1
윤	CAUSE (Disesse or injury thet initiated events	DUE TO (OR	AS A CONSE	OUENCE OF):							1	
E	resulting in deeth) LAST	4											
2		u											
A	PART II, Other algnificant condition								PERFOR	AUTOPSY	240	AWAILABLE PRIOR	
8	COPD, Chronic	Anemia, Pr	otein	calo	rie ma	Inutr	ition	10	YES 2	X NO		OF DEATH?	CAUSE
												1 YES 2	NO
ÿ													
M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					6. PLACE OF	OEATH (Che	ck only one)					
Sic	1 TES 2 NO	HOSPITAL: 1 Inpatient 2 ER	/Outpatient	3 DOA	OTHER: 4 Nursing	Home 6 🔀	Residence	6 Other (Sp	ectfy)				
PHYSICIAN: ME	27. MANNER OF DEATH	28a. DATE OF INJ (Month, Day,)		28b. TIME	OF 28	. INJURY AT		26d. OEŞCRII	BE HOW I	NJURY O	CCUREO		
7	1 Natural 5 Pending	(MONIN, Day, 1	oar)	III		YES 2	□ NO						
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF IN	JURY — At h	ome, farm, s	treet, factory,	office					er or Rural	Floute Number,	
	4 Homicide detarmined	building, etc.	(Specify)					City or ic	wn, State)	,			
E	29a. CERTIFIER	ICIAN: To the beat of my	knowled	and harmon	el es sha starr	data enid et	an and de-	to the court			ata d		
		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s										(a) and menner as	etetad
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COMP	one) 2 MEDICAL EXAMIN	_	1			Ti Ti							
BE COMPLETED	(Cristick Orlly	_	1				ICENSE NUM					D (Month, Day, Yee	
BE	2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIE	mulie	In	-			305					27, 199	
	2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND CORESS OF PERSON WI	HO COMPLETEO CÁUSE O	F OEATH (ITI	EM 27) (Type,		D	305	CFZ		▶se	ept.	27, 199	
BE	2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND COORESS OF PERSON WI JON Kent Minford	Mulac Ho COMPLETEO CÁUSE O I, M.D. 10	632 L:	EM 27) (Type,		D	305		ıbia,	▶se	ept.	27, 199	0
BE	2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND CORESS OF PERSON WI	HO COMPLETEO CÁUSE O	632 L:	EM 27) (Type, ittle		D	305	CFZ	nbia,	▶se	ept.	27, 199	0

		FOR 1 - STATE REGISTRAR	STATE OF I					EALTH AND I DEATH	MENTAL HYGIEI REG. NO	NE	90	28758
	n II	1. DECEDENT'S NAME (First, Middle, Leet) CAROLINE	CAROLI	NE H. K	ALOGR	746	06	ris	2. DATE OF DEATH MONTH	9/26/9	YEAR 20	S:45 PM
(P)	4. SOCIAL SECURITY NUMBER 579-18-6311	5. SEX	6. AGE (In yrs. I	lest birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) MAY 20		Country)	ACE (State or Foreign
2, 3 short	стоя	9a. FACILITY NAME (If not institution, give at SUBURBAN HOSPITE) RESIDENCE OF DECEDENT	Control of the control				, town o	SDA		9c. COUN	TY OF DEA	TH
ft. Pages 1,	DIREC	10a. STATE 10b. COUNTY	NTGOMERY		10c, CIT	Y, TOWN	THES				- 1	Od. INSIDE CITY LIMITS? X YES 2 NO
n. ansit permit.	FUNERAL	10a. STREET AND NUMBER 9208 CEDAR WA	Υ,				101	20814			U.S.	AT COUNTRY?
203-3146 or attending physician. r use as the burial-transit	ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		NT EVER IN U.S. / I YES 2 D MAR OR DATES	ARMED NO		If yes, spi		NIC ORIGIN? (Specify Youn, Puerto Rican, etc.) y:	es or No—	Specify:	- American Indian, White, etc.
N 8 8	LETED	15. DECEDENT'S EDU((Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 8	+)	Give kind of the Do NOT u	work done se retired.)	during mo	et of working	16b. KIND OF B			
	COMPLET	17. FATHER'S NAME (First, Middle, Last) REGINALD	2 HERE		ET E	XECU	LTAE	DIRECTO 16. MOTHER'S NA CLA	ME (First, Middle, Maide	n Sumame)		SSOCIATION
retained 5 should	TO BE	190. INFORMANT'S NAME (Type/Print) THEODORE P. KAI				SAME		nd Number or Rural i	Route Number, City or To #10	WEISK		
ORE, e 6 may ector, pa		20e. METHOD OF DISPOSITION 1	2411/2010/2010	other	E OF DISPO place) HAMBE	RS	CREM	ATORY		OCATION — C		
BALTIM after death. Pag y the funeral dii moval. cal examiner		21. SIGNATURE OF FUNERAL SERVICE LIC	mber		00091		W. W		RS CO. IN	C.		ING, MD. 20910
y filled in the fillen or rer		23. PART 1. Enter the diseases, proshock, prheart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List Drily one ca	DIAC A	ne. HRRE	ST		da of dylng, suc	ch as cardiac or res	piratory arre	est,	Approximate interval Between Onset and Death
OX 13146, e be executed within sician and completely rrior to burlal, cremati traumatic event, t	NO	Sequentially list conditions,	RESP DUE TO	OF AS A CONS	Y F	7: }[LU	IRE					
BOX icate be ohysician ie prior t	ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	L FAI OF AS A CONS J MONI	EQUENCE O						+	
RECORDS, P. v requires that the death been signed by the atte ft. of Health and Mental shows any Injury, ()	PHYSICIAN: MEDICAL CE	PART II. Other algorificant condition BRONCHOGENIC LUNG-0[SEAS ASPERGILLOSIS	e contributing to CARCINO	death but no	t resulting SEVE BRO	REE	BSTI HITI.	g cause given in RUCTIVE B, PULM RDIASIS		N AUTOPSY ORMED?	6	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
OF VITAL R PHYSICIAN: The law in this certificate has by with the State Dept. rked, or item 23 is	YSICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NQ	HOSPITAL:			OTHE	26. PL	ACE OF DEATH (Ch	6 Cher (Specify)			
	ВУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation		F INJURY Day, Year) OF INJURY — At		JURY M	1 🗆 1	PRK? YES 2 NO	28d. DESCRIBE HOW			ista Nisrobar
DIVISION TAL OR ATTENDING AL DIRECTOR: After 72 hours after death It teem 28 is ma	COMPLETED	3 Suicide 8 Could not be 4 Homicide detarmined	building	, etc. (Specify)					City or Town, Stat	te)		- company
HOSPITAL FUNERAL Within 72 TANT: IT		(Check only one) 2 MEDICAL EXAMINE	R: On the beals of							and dua to the	e cause(a) (and manner as stated. Wpnth, Day, Year)
TO THE DE filed IMPOR	TO BE	Ag Mis, M	D					D265		Þ 9	27	190

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
12US, MD 5413 CEDAR LANE

30. NAME AND ADDRESS OF PER IRVING MIZ
31. DATE FILED (Morith, Day, Year)
SEP 28 90 32 REGISTRAR'S SIGNATURE Julia Davidson Randoll 5PM

. .

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	REGISTRAR		CERTIF	ICATE C	F DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)		•			2. DATE OF DEATH MONTH DA	NY Y	3. TIME OF DEATH
			eide			9 2	7 . 90	0 8:00 A M
\		8. AGE (I	yrs. lest birthday) YRS.	MONTHS DAY		7. DATE OF BIRTH 8-14-1911	e. N	BIRTHPLACE (State or Foreign Country) Marion, Ohio
/	9e. FACILITY NAME (If not institution, give street e	·			N OR LOCATION OF DE	ATH		Y OF DEATH
뜽	Hillhaven Nursing	Home		Adel	phi		Princ	ce Georges
2	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c, CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY
DIRECTOR		Georges		elphi				1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 10124 Towhee Avenu	e			101. ZIP CODE 20783			n of what country? ted States
N N	11. MARITAL STATUS 12.	WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS	DECENDENT OF HISPAN	IIC ORIGIN? (Specify Yes	or No 14	I. RACE — American Indien, Black, White, etc.
В	1 Never Merried 2 Merried MX Wildowed 4 Divorced	IF YES, GIVE WAR OR DA	AK NO	1 🗆	, specify Cuben, Mexica YES X NO Specify	n, Puerto Rican, atc.) /:		Specify: White
	15. DECEOENT'S EDUCATIO (Specify only highest grade comp		16a. DECEDENT'S	USUAL OCCUP	ATION most of working	16b. KIND OF BUS	SINESS/INDUS	TRY
COMPLETED	Elementary/Secondary (0-12) Co	ollege (1-4 or 5 +)			most of working			
₩.	12 years 17. FATHER'S NAME (First, Middle, Last)		Housew	rre		ME (First, Middle, Maiden	0	
8	Benjamin F. Clu	ff				a Hemmino		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADORESS (Str		Route Number, City or Tow		ode)
유	Marilyn Jeanne Pick	ard		as #	,			
	20e. METHOD OF DISPOSITION X Burlel 2	from State K1	place of dispo- other place)	SITION (Name of	cemetery, crematory or			y or Town, State Heights, Ohio
	21. SIGNATURE OF FUNERAL SERVICE LICENS	EE,		22, NAM	E AND ADDRESS OF FA	CILITY		,
		3 orgivar		440		ill Rd. Be		lle, Md. 20705
	23. PART I. Enter the diseases, or come shock, or heert failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)		ech Ilna.	not enter the	mode of dying, euc	h ea cardiec or reep	Iratory arree	t, Approximata Interval Between Onset and Daath
_			CONSEQUENCE O	F):				
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Entar UNDERLYING	OUE TO (OR AS A	CONSEQUENCE O	F):				
HEI	CAUSE (Disease or Injury that initiated events reculting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	f):				
B	d							
	PART II. Other algorificent conditions co	A 15	Ut not resulting	In the under	ying ceuse givan in	Part I. 24a. WAS AN PERFOI		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL		TRY MS	ATTA			THES.	NO	OF DEATH?
	HYPERTENSIO	N			· · ·	_ .	Pm	1 TYES 2 NO
ä	HYPOITYROI	10						
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		OTHER:	B. PLACE OF DEATH (Ch	eck only one)		
PHYSICIAN: M		Inpatient 2 ER/Outp		4 Nursing	Home 5 - Reeldence	·		
ву РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26e. OATE OF INJURY (Month, Day, Year)	28b. TIN	JURY	WORK? YES 2 NO	26d. DEŞCRIBE HOW	INJURY OCCU	RED
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec		street, factory,	office	281. LOCATION (Street City or Town, State		Rural Route Number,
COMPLETED	one)	n the basis of examination						i. cause(s) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	mhi	IL N	US	29c, LICENSE NU	MBER Ø 9	29d. DATE 5	SIGNED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	a, Print)	Iver Spr	ing M	d zo	904
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGN	ATURE	اد	77.01.00	1	~ 00	, , ,
	SEP 28 '90	Julia Davi	dison-Rand	202				

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		C		CALE	OI_	DEATH		REG. NO	<u>'- </u>		
	1. OECEDENT'S NAME (First, Middle, Last)			9				2. DAT	E OF DEATH			3. TIME OF OEATH
	Marie Mid	gett Ka	aufman					Sent	tember	28.	1990	4:20 P M
	4. SOCIAL SECURITY NUMBER			- A B Lab - 4- 13	IF UNDER t		IF UNDER 24 HRS.		E OF BIRTH			HPLACE (State or Foreign
			S. AGE (In yrs. In:		-	DAYS	HOURS MIN.	(Mo	nth, Day, Year)		Count	h Carolina
	218 - 09 - 0239	1 M 2 X F	82	YRS.				Mar	ch 3,	1908	Nort	h Carolina
_	Meridian Nursing	treat and number)			9b. CITY, T	O MWO	R LOCATION OF DE				JNTY OF D	
E	Corsica Hills	Center,			Centr	evi	11e			Oues	n Ar	ne's
읽	RESIDENCE OF DECEDENT				001101					14.00		
DIRECTOR	10e. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN OR	LOCAT	ION					10d. INSIDE CITY
뛰	Maryland Que	en Anne's			Centr	evi	11e					LIMITS?
	10e. STREET AND NUMBER						ZIP CODE			I 10m CI	FIZEN OF S	WHAT COUNTRY?
\$							1617					States
FUNERAL	Tilghman Terrace						.1017			UII	Lleu	States
5	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AI	RMEO			ENDENT OF HISPAN			e or No—	14. RAC	E — American Indian, k, White, etc.
	1 Never Married 2 Married	IF YES, GIVE WA		NO			2 X NO Specifi		o Hican, etc.)		Spec	offy:
B	3 💢 Widowed 4 🗌 Divorced										Wh	ite
	15. DECEDENT'S EDU				USUAL OCC			ŧ	6b. KIND OF BU	SINESS/IN	DUSTRY	
EI	(Specify only highest grade		MA NA	Bive kind of a b. Do NOT us	vork done du ne retired.)	ring mos	st of working					40
2	Elementery/Secondary (0-12)	College (1-4 or 5+)	P	ropri	etor				Res	taura	ant	4
Σ				LOPLI	CLOI	_					411.0	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	M2 2					18. MOTHER'S NA	ME (First	t, Middle, Malder	Sumame)	Domn	0.4.4
BE	Arthur	- M10	lgett				Nettie				Barn	iett
	19e. INFORMANT'S NAME (Type/Print)	Daughter					nd Number or Rural					
임	June K. Clark		R	.D. 4	, Box	23	36, Centi	cevi	11e, M	ary1a	and	21617
	20a. METHOD OF DISPOSITION		28h PLACE	OF DISPO	SITION (Name	e of con	netery, crematory or		20c 16	CATION -	City or T	nwn Stete
	1 M Buriel 2 □ Cremetion 3 □ Req	over trom State	Wood I	lace)	lomori	21	Dan!					ryland
	12 001111011 0 2 011101 (0,0001)/		Woodi	awii r						astor	1, 110	ilyland
	21. SIGNATURE OF FUNERAL SERVICE LI	. Barton.	Jr.		22. N/	ame an	on Funer	cirity	Home			
	James H	Santon	Ja							;11e	. Мат	yland 21617
			/11				2011	-, -	,0110101		, 1101	Julia Eloi.
	1 23 BAST I Enter the diseases or	complications that	calused the d	eath Do	ot enter ti	he mo	de of dving suc	h se ce	ardiec or reer	iretory a	rrest	Annovimete
	23. PART I. Enter the diseeses, or shock, or heart feliure.				not enter t	he mo	de of dying, suc	h as ca	ardiac or resp	oiratory a	rrest,	Approximate interval Between
								h as ca	ardiac or resp	oiratory a	rrest,	
	shock, or heart fellure. IMMEDIATE CAUSE (Fine) disease or condition							h as ca	ardiac or resp	oiratory a	rrest,	Interval Between
	shock, or heart feliure. IMMEDIATE CAUSE (Finel	List only one caus		e.	a:		de of dying, suc	th as ca	ardiac or resp	piratory a	rrest,	Interval Between
	shock, or heart fellure. IMMEDIATE CAUSE (Fine) disease or condition	List only one caus	e on each lin	e.	a:			h as ca	ardiac or resp	oiratory a	rrest,	Interval Between
NO	shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions,	a. DUE TO (e on each lin	e. EQUENCE O	a .			th as ca	ardiac or resp	oiratory a	rrest,	Interval Between
ATION	shock, or heart fellure. IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate	a. DUE TO (e on each lin	e. EQUENCE O	a .			th as ca	ardiac or resp	oiratory a	rrest,	Interval Between
ICATION	shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. DUE TO (c	OR AS A CONSE	e. EQUENCE O	П. Р:			th as ca	ardiac or resp	piratory a	rrest,	Interval Between
TIFICATION	shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (c	e on each lin	e. EQUENCE O	П. Р:			th as ca	ardiac or resp	oiratory a	rrest,	Interval Between
ERTIFICATION	shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. DUE TO (c	OR AS A CONSE	e. EQUENCE O	П. Р:			th as ca	ardiac or resp	piratory a	rrest,	Interval Between
. CERTIFICATION	shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (0 b. DUE TO (0 c. DUE TO (0 d.	OR AS A CONSE	e. EQUENCE O	P:	SC	CUD					Interval Between Onset end Death
AL CERTIFICATION	shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (0 b. DUE TO (0 c. DUE TO (0 d.	OR AS A CONSE	e. EQUENCE O	P:	SC	CUD		24a. WAS A			Interval Between Onset end Death Symbol b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
DICAL CERTIFICATION	shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (0 b. DUE TO (0 c. DUE TO (0 d.	OR AS A CONSE	e. EQUENCE O	P:	SC	CUD		24a. WAS A	N AUTOPSYRMED?		Interval Between Onset end Death Sym b. WERE AUTOPSY FINDINGS
AEDICAL CERTIFICATION	shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (0 b. DUE TO (0 c. DUE TO (0 d.	OR AS A CONSE	e. EQUENCE O	P:	SC	CUD		24a. WAS A	N AUTOPSYRMED?		Interval Between Onset end Death Sym b. WERE AUTOPSY FINDINGS MAILBLE PRIOR TO COMPLETION OF CAUSE
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TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		0-11111	ICATE OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF				3. TIME OF DEATH
Agnes Knotts					MONTH 10/	DAY	10	YEAR	655 P M
4. SOCIAL SECURITY NUMBER	5. SEX 8. /	AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF		1		HPLACE (State or Foreign
217-30-9404	1 🗆 M 2 🔯 F	92 YRS.	MONTHS DAYS	HOURS MIN.	01 2	(9 98)		Count	(77)
217 30 3404		72	OL OUTY TOWN	001000000000000000000000000000000000000		9 90	0- 001	MD	NEATH
9e. FACILITY NAME (If not institution, give stre			96. CITY, IOWN	OR LOCATION OF DE	EAIH		9c. COU	INTY OF D	PEATH
Memorial	Hospita.	L	Ea	aston			-	ralb	ot
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		400 007	ry, town on loc	ATION					10d. INSIDE CITY
	AHON					LIMITS?			
MD Tall	30t	E.	aston						1 X YES 2 NO
10e. STREET AND NUMBER			1	IOI. ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?
415 August Stre	eet		ľ	21601			U	SA	
11. MARITAL STATUS	12. WAS DECEDENT EV			ECENDENT OF HISPAN			or No-	14. RACI	E — American Indian,
1 Never Merried 2 Merried	FORCES? 1 IF YES, GIVE WAR		If yes, t	specify Cuban, Mexica ES 2 X NO Specifi	in, Puerto Ric	en, etc.)		Spec	k, White, atc.
3 XWidowed 4 Divorced				22.10	,				nite
15. DECEDENT'S EDUCA			USUAL OCCUPAT		16b. K	IND OF BUS	INESS/IN		
(Specify only highest grade of Elementary/Secondery (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during r ise retired.)	nost of working					
7th	College (1-4 of 5+)	calo	s cler	ل	, m	ens	al a	+hi:	0.07
17. FATHER'S NAME (First, Middle, Last)		Sale	s crer.	18. MOTHER'S NA				LILLI	114
				1.0			Surname)		
Harry Davis				Linda	Kemp)			
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	G ADDRESS (Stree	t and Number or Rural	Route Number	City or Town	, State, Zi	(p Code)	
Gwendolyn K. Jo	ochheim	PO	Box 5	4, East	on MD	21	601		
20a. METHOD OF DISPOSITION	10/12/90	20b. PLACE OF DISPO				_	CATION -	- City or To	own, State
1 Burlel 2 Cremetion 3 Removed 4 Donation 5 Other (Specify)	val from Steté	Spring	Hill C	emetery		Ea	eto	n A	Maryland
21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE /	DPL LIII		AND ADDRESS OF FA	CILITY	1_114	500	11 1	iai y iana
- n/ c 1		a Cap		nam Fune		Home			
11. L. Welson	ese Li	S.F.S.P.	Eas	ton, Man	rvlan	d			
23. PART i. Enter the diseeses, or co	omplications that ca	used the deeth. Do					ratory as	rrest,	Approximate
shock, or heart fellure. L									
	ict ciny chie coulce	on eech line.							Interval Between
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32. REGISTHAN'S SIGNATURE

Md. 21636

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mouns after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pabe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Mohth, Day, Year)

OCT 1 1 '90

BALTIMORE, MARYLAND 21203-3146

•	rate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the		
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1	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEALI		REG. NO.	Ē	
	1. DECEDENT'S NAME (First, Middle, Last ESHVER Kreid	e/ Esthe	r A. Krei	der		OATE OF DEATH DAY	4 4	3. TIME OF DEATH 4.02 f
33	4. SOCIAL SECURITY NUMBER 213-09-49@8A 9a. FACILITY NAME (If not institution, give	10M20+ 7	7 YRS.	F UNDER 1 YEAR IF UN ONTHS DAYS HOUR Db. CITY, TOWN OR LOC	s MIN.	ATE OF BIRTH Month, Day, Year)		SHITHPLACE (State or Foreign country) aryland
	RESIDENCE OF DECEDENT	niv. Maryland	Hospital	Baltimo			SC. COUNTY	OF GEATH
I D	Maryland 10a. STREET AND NUMBER	Cecil		rryville				10d. INSIDE CITY LIMITS? 1 YES 2 NO
R.	635 Franklin Str	oot		101. ZIP C	1903			OF WHAT COUNTRY?
FUN	11. MARITAL STATUS 1 Never Merried 2 XXMarried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2.4 NO		RIGIN? (Specify Yes erto Rican, etc.)	or No- 14.	.S.A. RACE — American Indian, Black, White, etc. Specify: White	
COMPLETED	15. OECEDENT'S EC (Specify only highest gra Elementary/Secondary (0-12)	de completed) College (1-4 or 5+)	Ilfe. Do NOT use	rk done during most of wo retired.)	2007	V.A. Me	dical	
\$ h	17. FATHER'S NAME (First, Middle, Last)	Two	Admin.	Supervisor		First, Middle, Maiden S		riar y rand
ш	Jesse W. Ansa	alvish				er E.		
-	19a. INFORMANT'S NAME (Type/Print)	7 4 10 4	19b. MAILING A	DDRESS (Street and Nun				le)
	R. Wilton Kreid							and 21903
	20s_METHOD OF DISPOSITION 12 A Buriet 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	moval from State	other place)	Cemetery		Per		or Town, State Maryland
	21. SIGNATURE OF UNERAL SERVICE	HOLLER	m Sr	Patterso Perryvi	on Funer	al Home		
윤	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. hepo: DUE TO (OH AS I	tic fail	e				Interval Betw Onset and De
MEDICAL	PART II. Other significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant condition	one contributing to death to	out not resulting in	the underlying cause	se given in Part	i. 24a. WAS AN. PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINDI AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE O	F DEATH (Check o	nly one)		L
SIC	EXAMINER?	HOSPITAL:		OTHER:	Residence 6 🗆	Other (Specify)		
ā	27. MANNER OF DEATH 1 Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJURY A WORK? M 1 YES		1. DESCRIBE HOW IF	NJURY OCCUR	ED
TED BY	2 Accident Investigatio 3 Suicide 6 Could not t 4 Homicide determined	28e. PLACE OF INJURY	/ — At home, farm, str city)	reet, factory, office	281	. LOCATION (Street a City or Town, State)	and Number or I	Rural Route Number,
COMPLET	one) —	YSICIAN: To the best of my know						suse(e) and manner as state
O BE	29b. SIGNATURE AND TITLE OF CERTIF	5 &	Jer Ob	Lemo	LICENSE NUMBER		29d. DATE SI	GNED (Month, Day, Year)
		enest. Bat	JON. F	21201				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	dson-Randal	2				37

TOTAL TO

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MADVIAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

1 - STATE REGISTRAR		SIMIL OF I	CE		ICATE				WIER IA	REG. NO.			
1. DECEDENT'S NAME (First, I	Middle, Last)								2. DATE	OF DEATH		YEAR 3	TIME OF DEATH
STEPHEN	MICH	AEL K	KING, SI	R.						ÖBER 7.	199		3:15 PM *
4. SOCIAL SECURITY NUMBE		5. SEX	6. AGE (In yrs. las	t birthday)	# UNDER	1 YEAR	IF UNDER	24 HRS.		OF BIRTH		6. BIRTHPL Country)	ACE (State or Foreign
066-10-6830		1 X M 2 - F	77	YRS.	WUNTHS	DAYS	HOURS	wire.		7,1912			YORK
9e. FACILITY NAME (If not inst	titution, give stre	et and number)			9b. CITY,	TOWN O	R LOCATE	CATION OF DEATH 9c. COUNTY OF DEATH					тн
3 MOONCOIN (WAL	DORF					CH	ARLES	
RESIDENCE OF DECE	10b. COUNTY			10c CIT	Y, TOWN O	R I OCATI	ON					T 46	od, INSIDE CITY
NEW MARK									LIMITS?				
10e. STREET AND NUMBER	3011	ULK		'	IULIJ	-	ZIP COO	F			10g. CITIZ		AT COUNTRY?
183 STORM DRIVE 11742 USA													
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No. 14. RACE - An								- American Indien,					
1 Never Merried 2 💢 N	farried	FORCES?	YES 2 X	10		f yes, spe				Rican, etc.)		Bleck, V Specify:	Yhite, etc.
3 Widowed 4 Divorc	ed						••				ļ		WHITE
	DENT'S EDUCA		(G	ive kind of	USUAL OC			ng	188	b. KIND OF BUS	INESS/INDU	ISTRY	
Elementary/Secondary (0-1	12)	College (1-4 or 5	+)	Do NOT u		DI 1	IA AD EE			CONCT	NIOTT.	0.00	
8TH GRADE			ELE	CIKI	CIAN,	PLU				CONSTI		UN	
17. FATHER'S NAME (First, Mid		VINC								Middle, Maiden			
PATRIC 199, INFORMANT'S NAME (TVS		KING	10	- MARING	ADDRESS	(Chant as)SE		IVINI		Codel	
STEPHEN M.	mean.	10	180										20602
20a. METHOD OF DISPOSITIO	20s. METHOD OF DISPOSITION . 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State												
1 Burtal 2 Cremation 3 X Removal from State 4 Donation 5 Other (Specify) HOLY SEPULCHRE CEMETERY CORAM, NEW YORK													
White the common and the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of													
Will!	22. NAME AND ADDRESS OF PACILITY THE HUNTT FUNERAL HOME, INC P.O. BOX 156, WALDORF, MARYLAND 20604-0156												
23. PART i. Enter the dis			at caused the de		not enter	the mod	de of dy	ing, suc	h as car	disc or respi	ratory arre	st,	Approximate interval Between
IMMEDIATE CAUSE (Fina							1						Onset end Deeth
disease or condition resulting in deeth)	→ s.	Me	tastati	c (Colo	recl	2	Ca	nch				
SEMPLE STATE		OUE TO	(OR AS A CONSE	DUENCE O	F):								
Sequentially list condition	no 6.												
If sny, leading to immed cause. Enter UNDERLYIN	iate	DUE TO	(OR AS A CONSE	QUENCE O	F):								i
CAUSE (Disease or Injur		DUE TO	OR AS A CONSE	DIJENCE O	Ð.								<u> </u>
that initiated events resulting in death) LAST		502 10	(on AS A CONSE	DOLINOL O	• ,.								
	d.												+
PART II. Other significan	nt conditions	contributing to	desth but not i	resulting	in the un	nderlying	cause	given in	Part I.	24a. WAS AN PERFOR			TERE AUTOPSY FINDINGS
										1 TYES 2		C	OMPLETION OF CAUSE OF OEATH?
													☐ YES 2 ☐ NO
25. WAS CASE REFERRED TO EXAMINER?			_				ACE OF C	DEATH (Ch	eck only o	ne)			
1 TES 2 NO		HOSPITAL:	ER/Outpatient 3	□ DOA	4 Nun	R: sing Hom	5 X R	esidence	6 🗆 Oth	er (Specify)			
27. MANNER OF BEATH	Saute-	26a. DATE Of (Month, i	F INJURY Day, Year)	28b. TIR	NE OF	28c. INJI	URY AT RK?		28d. OE	SCRIBE HOW I	NJURY OCC	UREO	
	Netural 5 Pending (Month, Day, Year) INJURY WORK?												
	Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCA Cliv o						OCATION (Street and Number or Rural Route Number, ity or Town, State)						
3 Suicide s 🗌 C		28e. PLACE (building	of INJURY — At he, atc. (Specify)	,					City				ite Number,
3 Suicide s C 4 Homicide	Could not be letermined	bullding	, atc. (Specify)		red at the 1	ime, date		, and de		y or Town, State)			ite Number,
3 Suicide S C 4 Homicide S C 29e. CERTIFIER (Check only 1) CERTI	Could not be letermined	building	, atc. (Specify)	eath occur			end place		to the ca	y or Town, State)	nner as state	nd.	and menner as stated.
3 Suicide S C d d d d d d d d d d d d d d d d d d	Could not be letermined FYING PHYSIC CAL EXAMINER	building	, atc. (Specify)	eath occur			end place	red at the	to the ca	y or Town, State)	nner as state	ed. e ceuse(e) e	and menner as stated.
3 Suicide S C 4 Homicide S C 29e. CERTIFIER (Check only 1) CERTI	Could not be letermined FYING PHYSIC CAL EXAMINER	building	, atc. (Specify)	eath occur			end place eath occu 29c. LIC	red at the	to the ca time, dat	y or Town, State)	oner as state	ed. e ceuse(e) e E SIGNEO (A	and manner as stated.
3 Suicide S CERTIFIER (Check only one) 2 MEDIC	Could not be letermined FYING PHYSIC CAL EXAMINER OF CERTIFIER	IAN: To the best of	If my knowledge, de examination and/or	eath occurr Investigati	on, in my d		end place eath occu 29c. LIC	red at the	to the ca time, dat	y or Town, State)	oner as state	ed. e ceuse(e) e E SIGNEO (A	and menner as stated.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BENJAMIN LARRY

31. DATE FILED (Month, Day, Year)

OCT 0 9 '90

JENKINS.

JR.,

32. REGISTRAR'S SIGNATURE

MD.

Bondall

BOX 1724, LA PLATA, MARYLAND 20646

	00.011022110		
1	FOR STATE REGISTRAR		STA
. 1	DECEDENT'S NAME (FI	rst, Middle, Last,)
	1 .1 -	_	

ATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

		REGISTRAR				CERTIF	ICALE	21-	DEATH		REG. NO.			
-		1. DECEDENT'S NAME (First, Mic	ddle, Last)		11-	. ~				2. DATE OF	DA	Y 400	YEAR	3. TIME OF DEATH
	. 1	(Atherine 4. SOCIAL SECURITY NUMBER		r new T	LLOY	1 ac	·			Oct.	13,	199		M PLACE (State or Foreign
D	Л	214-09-4276		5. SEX 1	78	rs. last birthday) YRS.	MONTHS D	AY8	IF UNDER 24 HRS. HOURS MIH.	7. DATE OF (Month, I July	Day, Ybar)	912	Country	ryland
13 [1	9s. FACILITY NAME (If not institu			70		SP CITY TO	WN C	OR LOCATION OF DE				NTY OF DEATH	
	œ	Washington (-		a1				stown		Washington			
eV.	СТОВ	RESIDENCE OF DECE	DENT											
Se se se se se se se se se se se se se se	DIRE		Db. COUNTY	T71-2			10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY LIMITS?
ilt. P		Maryland		Washin	gton	Hagers town					1 X YES 2 NO			
t per	RAL	100. STREET AND NUMBER 11 West Balt	timore	Stroot		21740					10g. CITIZEN OF WNAT COUNTRY?			NAT COUNTRY?
burial-transit permit. Pages	ш	11. WEST DATE	T EVER IN U.S						USA			- American Indian,		
ourial	FUN	1 Never Married 2 Ms		FORCES? 1	YES 2	NO X	if ye	s, sp	ecify Cuban, Mexican 2 1 NO Specify	n, Puerto Ric		0. 110-	Black	t, Whits, etc.
the the	BY	3 Widowed 4 Divorce	d	17 120, 0172 11	IF TES, GIVE HAN ON DATES				2 Ki No Specify				apoun	[∞] white
use as	CE.	15. DECEDI (Specify only his	ENT'S EDUCA		18	Give kind of	USUAL OCCL	PATIO	ON ost of working	16b. F	IND OF BUS	INESS/INC	USTRY	
5		Elementary/Secondary (0-12)	T	College (1-4 or 5	-)	Ille. Do NOT u	se retired.)			,,			_	
detached once.	COMP	_			Inspector					Hosiery Manuf			utac	turing
be detach at once.	8	17. FATHER'S NAME (First, Middle James Willian		,d										
	8	19a, INFORMANT'S NAME (Type		yu	-	195 MAII IN	ADDRESS (S	fmet s	Hatti				Code	
5 should notified	임	Darleen C. S												and 21740
page be		20A, METHOD OF DISPOSITION	N			ACE OF DISPO			metery, cremetory or	60		CATION —		
director, page er must be		1 Suriel 2 Cremetion 4 Departion 5 Other (Sp	3 Ramo	val from Stata	_ Ros	her place) se Hil	L Ceme	tei	rv		Has	erst	own.	Maryland
al dir		21. SIGNATURE OF FUNERAL S	ERVICE LICE	ENSEE V		. /			NO ADDRESS OF FAC	CILITY				mac Street
tuneral dii I. examiner		Deuld	8)	. AM	nne	ch			ral Home	HILCH				Maryland
	-	23, PXRT I, Enter the dise	ases, pr cr	omplications that	t caused th	na death. Do				h as cardi				Approximate
d in t or re		shock, or hear	rt fallure. L	lst only one cau										Intarval Between Onset and Daath
y filled ation, o		IMMEDIATE CAUSE (Finel disease or condition		Con	Congettie Heart-Failure Well Due toligh as a consequence of a stuc ulch' wee						weoks			
completely fille ial, cremation, cevent, the		resulting in death)	a	DUE TO	ION AS A CO	NE LOUENCE	F):		4	1				1120
nd corr burial, atlc ev	z		6	Del	100a	Jed.	Sal	21	new	cce				wenz
2 8 E	CERTIFICATION	Sequentially list condition if any, leading to immedia	ate	DUE TO	OO A BA PO	MEQUENCE (well with						1, reoles	
hysicia e prior er trau	2	cause. Enter UNDERLYING CAUSE (Disease or Injury		1 (1)	100 40 4 00	ONSEQUENCE O	NO.							100 001
nding phy Hygiene or other	E	that initiated events resulting in deeth) LAST		Sugar	frui wa w or	macadence (Ì
	E	d												
hed by the att th and Menta any Injury,	AL					not resulting in the underlying cause given in Pert I					24a. WAS AN PERFOR	AUTOPSY	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
signed b Health a	EDICAL	Rigi	ral	Jaile	re					_	1 TES 2	KNO		OMPLETION OF CAUSE DF DEATH?
	ME			1						_				1 YES 2 NO
certificate has been the State Dept. of 1, or 11em 23 sho														
tate h	SICIAN:	25. WAS CASE REFERRED TO R EXAMINER?	MEOICAL	HOSPITAL:			OTHER:		LACE OF DEATH (Ch					
ertific the S	ΙΥS	1 YES 2 NO		1 inpatient 2		ent: 3 🗆 DOA 26b. Ti			JURY AT	T	(Specify)	N ILIBA UC	CUBEO	
fter this c eath with marked,	унд ,	1 Netural 5 Pe		(Month, L			JURY	W	ORK? YES 2 NO	200. 0200			OUNED	
After death	BY	a Coulate	vestigation	28e. PLACE (OF INJURY —	At home, farm							r or Runal i	Route Number,
DIRECTOR: After this hours after death with Item 28 Is marked	TED		ould not be stermined	building	etc. (Specify))				City o	Town, State)			
DIRECTOR: hours after Item 28 I	LET	296. CERTIFIER 1 CERTIF	YING PHYSIC	CIAN: To the best o	my knowled	ge, death occu	red et the time	, date	s and place, and due	to the caus	e(s) and me	nner as ste	ited.	
出る日	COMPL	(Critick Orlly		_										s) and manner as stated.
Within		29b, SIGNATURE AND TITLE Q	E CERTIFIER						29c. LICENSE NUI	MBER		29d. DAT	TE SIGNED	L/Month, Day, Warj
TO THE FUNERA be filed within 7 IMPORTANT:	BE (190	100	0 1				1211	457		1	0/	13/90
2683	2	30. NAME AND ADDRESS OF P	ERSON WHO	COMPLETED CAL	SE OF DEATH	H (ITEM 27) (Typ	e, Print)	7	. / .	1-1	1	1	1	1 ^
		MBULL	NA	HERV)	cm	161	0-0	JA	te Hill	tw	E. H	LAGI	EKS	TOWN-M)
		31. DATE FILED (Month, Day, Yes		32. REGISTR										
		nrt 16'90	į	Julia Da	Widson-	Mandelle								

distinct the

NA CONTRACTOR

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)

1 - STATE REGISTRAR			С	ERTIF	CATE C	OF DEA	TH		REG. NO.			
1. DECEDENT'S NAME (First,	Middle, Last)							2. DATE	OF DEATH	v	YEAR	3. TIME OF DEATH
M.A	ARY	EDITH	LIERS	EMANN						ä, 19		5:05 P M
4. SOCIAL SECURITY NUMBER	ER	5. SEX	6. AGE (In yrs. le	asl birthday)	IF UNDER 1 YE		R 24 HRS.	7. DATE	OF BIRTH			HPLACE (State or Foreign
219-30-4925		1 □ M 2 😿 F	76	YRS.	MONTHS DA	YS HOURS	MIN.		4, 19	914		vland
9a. FACILITY NAME (If not ins	titution, give s	street and number)			9b. CITY, TO	WN OR LOCAT	ION OF D			_	NTY OF D	
THE JOHNS H	HOPKI	NS HOSPIT	AL		BALT	TIMORE				BAT	ттмо	ORE CITY
RESIDENCE OF DECI												
Maryland	r, town or Li	OCATION						10d. INSIDE CITY LIMITS? 1 YES 25 NO				
100. STREET AND NUMBER 1501 S. F			101. ZIP COP 21	014				ZEN OF V	WHAT COUNTRY?			
11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2X NO IF YES, GIVE WAR OR DATES					If yes	DECENDENT s, specify Cub YES 2 NO	en, Mexico	n, Puerto	N? (Specify Yes Rican, atc.)	or No-	Spec	E — American Indien, sk, White, atc. sty:
15. DECE (Specify only	DENT'S EDU highest grade	JCATION e completed)	1 (Give kind of v	USUAL OCCUI	PATION g most of work	ing	168	. KIND OF BU	SINESS/IND	USTRY	
Elementary/Secondary (0- 12	12)	College (1-4 or 5	+)	omemal					home			
17. FATHER'S NAME (First, Middle, Lest) William Washington Hawkins 18. MOTHER'S NAME (First, Middle, Meldon Surparpo) Nellie Mary Linthicum												
196. INFORMANT'S NAME (Ty) Esther R. Hu			1	1501	S. FO	untair	or or Rural	en F	nber, City or Tow Road, E	n, State, Zip Sel A	Code)	Md. 21014
20a. METHOD OF DISPOSITION 1 ◯ Burlei 2 □ Cremation 4 □ Donation 5 □ Other (n/ana)	emoria					cation –					
21. SIGNATURE OF FUNERAL		ICENSEE	_ 10.1 .	LLL II	22. NAM	AF AND ADDR	ESS OF F	CILITY				
bowers	RK	Me Co	mes	111	How 131	ard K. 7 Coke	Mc(Comas Cy Ro	ad, Ab	uner	al H on,	Md. 21009
23. PART I. Enter the die		complications th	at caused the	death Do					dia .			I America America
ahock, or he	ert fellure.	List only one ca			not entar the	mode of d	ying, au	ch aa car	diac or reap	iratory an	rest,	Approximate Interval Between
IMMEDIATE CAUSE (Findisease or condition		List only one ca		18.	,	a mode of d	ying, au	ch aa car	diac or reap	iratory an	rest,	
IMMEDIATE CAUSE (Fine		List only one ca	use on each iir	18.	,	mode of d	ying, au	ch aa car	diac or reap	iratory an	rest,	Interval Between Onset and Death
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32. REGISTRAR'S SIGNATURE

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mours after death. Page 6 may be retained by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit penfut. Pages 1, 2, 3 should	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	to be a marked or them 22 above one interes or other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other from other fr
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IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1	-	FOR STATE REGISTRAR	
Г	1 0	ECEDENT'S NAI	

TO BE COMPLETED BY FUNERAL DIRECTOR

90 28767	9	0	2	8	7	6	7
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FOR STATE REGISTRAR		STATE OF N		D / DEPAR Certif					MENTA	REG. NO.	E	20	40	10	
1. DECEDENT'S NAME (First	, Middle, Last)								2. OAT	E OF OEATN	,	YEAR	3. TIME OF	OEATH	
Carl Bruce				Lanier					10-10-90			YEAH	4:15	/M	м
4. SOCIAL SECURITY NUMBER				3. lest birthday) IF UNDER 1 YEAR IF UNDER 2 MONTHS DAYS HOURS				24 HRS.	7. DATE (Mon	E OF BIRTN oth, Day, Year)		6. BIRTI	IPLACE (State	or Foreign	\neg
	YAS.	8	9			Feb	.1,199		Ma	ryla	nd				
Anne Arunc			mi + a I		9b. CIT		OR LOCATI		EATH			JNTY OF C		_	
RESIDENCE OF DEC		letal nos	pricar			P	nnapo	olls			Ann	e Ar	undel	Coun	ıty
10a. STATE	10b. COUNTY	Y		10c. CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE		\dashv
Maryland	Ann	e Arund	el	Ar	nap	oli	S						LIMITS 1 TYES		- 1
IOO. STREET AND NUMBER							M. ZIP COO	E			10g. CIT	IZEN OF	WHAT COUNT	RY?	\neg
ll8 River	Driv	e					21	403		_	J	J.S.	Α.		
11. MARITAL STATUS		12. WAS OECEOEN FORCES? 1			13.	WAS OF	CENOENT C	OF HISPAN	V/C ORIG	IN? (Specify Yea Flicen, atc.)	or No-	14. RAC Blac	E — America k, White, etc.	ı Indian,	
Never Married 2 Widowed 4 Divo		IF YES, GIVE V					S 2 (X NO			, ,		Spec	"Y: ite		
15. DEC	CEOENT'S EOU	CATION	180	. OECEOENT'S	I ISUAL C	OCCUPATI	ION		110	b. KIND OF BUS	INESS/IN		rte		\dashv
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Elementary/Secondary (V-12)	Conega (1-4 or 5	*'			_									
7. FATNER'S NAME (First, M	Aiddle, Last)						16. MOT	NER'S NA	ME (First,	Middle, Maiden	Sumame)				\dashv
Bruce A	lan L	anier					Su	san	El	izabet	th F	Butt			
9a, INFORMANT'S NAME (41-14 Vision		19b. MAILING	3 ADDRES	S (Street				mber, City or Town					
Bruce Al	an La	nier		118	Riv	er	Driv	e.	Ann	apolis	s . 1	1D 2	1403		
0a. METHOD OF DISPOSIT	TION			ACE OF OISPO								- City or T			
Donaton & Dany	(Boscoty)	11 1			lit	an	Crem	ato	ry	Ale	exar	dri	a, VA		
n, standrunk or effects	AL SERVICE OF	MINSER			Ť	av 1	Or F	Une	ral	Chape	-]	2.	1401		
» Leffu	11.	/ayl	91							St.,)	
IMMEDIATE CAUSE (Fit disease or condition resulting in death)	nal -	GL:		tion of		all	bowe:	1					Onse	et and Dec	ath
Sequantially liet condit If any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or Inju- that initiated events resulting in deeth) LAS	diate ING ury	c		NSEQUENCE O											
resulting in destily Exc	"	d											- i -		_
PART II. Other algnifica	ant condition	a contributing to	deeth but r	not resulting	in the u	ınderiyi	ng cause	given in	Part I.	24s. WAS AN PERFOR	MEO?	24	AVAILABLE COMPLETIO OF GEATH?	PRIOR TO N OF CAUSE	
25. WAS CASE REFERRED	TO MEDICAL						PLACE OF C	DEATH (Ch	neck only	one)					
EXAMINER?		HOSPITAL: 1 inputiont 2	X54/Outpatie	nt 3 🗆 DOA	OTHE		me 5 🗆 R	esidence	8 🗆 Oti	her (Specify)					
27. MANNER OF OEATH		28a. OATE OF	FINJURY	28b. TII		28c. IN	JURY AT		_	ESCRIBE NOW II	NJURY O	CCURED			
1 X Metural 5 2 Accident	Pending Investigation	(Monat, a	Jay, roar)		М		YES 2 [_ NO							
9 D 6-4-14-	Could not be determined	28a. PLACE (building	OF INJURY — I , atc. (Specify)	At home, farm,	street, fa	ctory, off	ice			CATION (Street a ty or Town, State)		er or Rural	Floute Number	;	
CONSTRUCTION OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF TH		ER: On the basis of a											a) and manne	ır aa stated	1.
296. SIGNATURE AND TITL	E OF CERTIFIE) night						CME	MBER		29d. DA		0 (Month, Day -10–90		
30. NAME AND ADDRESS O DONALLO WR	IGHT,M	D	JSE OF OEATN	(ITEM 27) (Typ	-	Pei	nn St	reet	,Ba	ltimore	,MD	2120)1		
31. DATE FILE OCT 1	2"1990) file bu	ARY SIGNA	dindelle											

VOV. 1 u.2

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-mours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the companion or removed.	be filed Within 12 flows after death with the State Dept. Or regard and mental righers prior to boths. Connect, the medical examiner must be notified at once, IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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ATT	6	28
8	DIRE	be filed Within 12 flours after deali with the State Dept. or region and wester regions to contact, contacting in Professional IMPORTANT: If flow 28 is marked, or filem 23 shows any injury, or other traumatic event, the medical ex
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FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL	HYGIENE REG. NO.	9	0 28	3768
1. DECEDENT'S NAME (First, Middle,	Lest)	<u> </u>			2. DATE C	F DEATH		3. TIME OF	DEATH
MYRTLE	М.		LAUI	RENT	Octo	ber 11		AR 10:55	5 A M
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	F BIRTH	8. 6	BIRTHPLACE (State	
220 10 9328	1 □ M 2X□XF 8	6 YRS.	THE DAYS	HOURS MIN.	Aua	Day, Year)		V. Va.	
9a. FACILITY NAME (If not institution,			CITY, TOWN O	R LOCATION OF DE			9c. COUNTY		
Memorial Hospit	al & Medical Ce	nter	Cumber]	and			Allega	any	
10e. STATE 10b. CC			OWN OR LOCAT	ON				10d, INSID	E CITY
MD Z	Allegany	Cumb	perlan	ď				LIMITS 1X XYES	
10e. STREET AND NUMBER		1 0 0.11.1		ZIP CODE			10g. CITIZEN	OF WHAT COUNT	
Rear 106 I)ocotum Ct			24.50	2	1	USA		1
11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DECI	2150 ENDENT OF HISPAN	IIC ORIGIN?	(Specify Yes o	A.	RACE — America	n Indian,
1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, spe	city Cuban, Maxical	n, Puarto Ri	can, etc.)		Specify: White, atc.	
XX Widowed 4 Divorced	in 120, dive min on ba	. 23	1 1 123	2-13 10 Specify	,.			Specify. VVII	
15. DECEDENT'S (Specify only highest	EDUCATION grade completed)	18a. DECEDENT'S USL (Give kind of work life. Do NOT use rei	JAL OCCUPATIO	N it of working	18b.	KIND OF BUSI	NESS/INDUST	RY	
Elementary/Secondary (0-12)	College (1-4 or 5+)								- 1
5		Housev	vite			Own H			
17. FATHER'S NAME (First, Middle, Las	,			18. MOTHER'S NA					
Asbury R.				Anna	May	(Por	terfi	eld)	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	DRESS (Street a	nd Number or Rural F	Route Numbe	or, City or Town,	State, Zip Cod	ie)	
Patricia N.	. Powell	311 Av	rirett	Ave.,	Cum	berla	nd, M	id 2150)2
20a, METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3	Demonst from State	PLACE OF DISPOSITIO	ON (Name of cen	etery, crematory or		20c. LOC	ATION — City	or Town, State	-
4 Donation 8 Other (Specify)		unset Me	emoria	l Park		Cum	berla	ind, MI	
21. SIGNATURE OF FUNERAL SERVI	E LICENSEE		22. NAME AN	D ADDRESS OF FA	CILITY .				ome 215
MIB Wign)	1K with		300	211 5					
AN PART I FAMILY III	11244			311 Dec					
shock, or heert fei	, or complications that caused lure. Liet only one cause on ee	ch ilne.	enter the mo	de of dying, auc	n aa cardi	ec or reepin	story arrest		roximete vai Between
IMMEDIATE CAUSE (Finei	C 545	- 1/ 1	7 /	7	A	1	1	One	et end Death
diseese or condition resulting in death)	o. Confelio	1 How	Tark	unl	wi/	4 10	mal		
	DUE TO (OR AS A	CONSEQUENCE OF):						-	- 1
Sequentially list conditions,	b	failur	ч.						
If any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):							
CAUSE (Diseese or Injury	C	0							
that initiated eventa resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):						i	- 1
resolding in death) CAST	d								
PART II. Other significent con-	ditione contributing to deeth bu	at not regulting in t	he underlying	ceuse given in	Part i.	24s. WAS AN A	UTOPSY	24b. WERE AUTO	PSY FINDINGS
			-1			PERFORM		AVAILABLE	PRIOR TO ON OF CAUSE
					- 1	1 TES 2	NO	OF DEATH?	
					- 1			1 TYES	2 🗌 NO
25. WAS CASE REFERBED TO MEDIC EXAMINER?	HOSPITAL:	0	26. PL THER:	ACE OF DEATH (Ch	eck only one)			
1 TES 2 NO	1 Sinpetient 2 ER/Outpo	ntient 3 DOA 4	☐ Nursing Hom	• 5 🗆 Residence	8 🗆 Other	(Specify)			
27. MANNED OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJ	URY AT RK?	28d. DE\$	CRIBE HOW IN	JURY OCCUR	ED	
1 Netural 5 Pending 2 Accident Investig			M 1 🗆 1	YES 2 NO					
3 Suicide 6 Could n	ot be 28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, stree	et, factory, offic	•		ATION (Street ar	d Number or I	Rural Route Numbe	H,
4 Homicide determin	ied				,	,			
29a. CERTIFIER 1 CERTIFYING	PHYSICIAN: To the best of my knowl	edge, death occurred a	t the time, date	and place, and due	10 the cau	se(a) and man	or as stated.		
(Crieck brilly	AMINER: On the beals of examination			0.00				ause(a) and mann	or an stated.
1 1	A								
266. SIGNATIONE AND TITLE/OF CEI	IIIPIER			29c. LICENSE NUI			z9d. DATE SI	GNED (Month, Day	(160/)
10/100	ver 1			D1486	5		10	-11-	10
L.	ON WHO COMPLETED CAUSE OF DEA		•	D 4444	_	1 4	1 14	D 0150	,]
Dr. Barrera	Memorial H		edical	Buildin	g, Cu	imber La	and, M	D 2150	۷
31. DATE SILED (Month (30 (4)	Archia DECTROPPANT STAN	Wells							

DETECT OF

	HEGISTHAH		CERTIF	CALE	PUEALL	REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last) DAYID	BERCHI	MAN L	OGAI	1.315	2. DATE OF DEATH DO NONTH DO		3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER	8. SEX 6. A	GE (In yrs. last birthday)	IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Qay, Year)	8.	BIRTHPLACE (State or Foreign Country)			
	578-34-7137	1 M 2 🗆 F	6/ YRS.	MONTHS DAY	8 HOURS MIN.	5/22/		ashington, DC			
	9a. FACILITY NAME (If not institution, give so				N OR LOCATION OF DE	ATH	9c. COUNTY	OF DEATH			
5	Leland Memoria	HOSPITAL		KIVE	rdale		Princ	cebeorge			
DIRECTOR	10s, STATE 10b, COUNTY		10c. CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY			
BIG	MD Prince George Riverdale Limits?										
AL											
EB	5813 ROANOKE QUENUE 20737 U.S.A.										
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE — American Indi										
B											
	15. DECEDENT'S EDU		16a. DECEDENT'S			18b. KIND OF BU					
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT u	work done during se retired.)	most of working	1					
MP.	12	1	Contra	ct Off	icer	G.P.O.					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Malden	Sumame)				
H	David B. Logan,	Sr			Mary S.						
2	Mary Margaret Log	an			et and Number or Rural R e Avenue,						
	200 METHOD OF DISPOSITION	mara araza	20b. PLACE OF DISPO					or Town, State			
	1 XBurial 2 Cremetion Term	oval from State	Maryland	State	Vets. Ceme	tery Che	eltenha	am, Maryland			
	21. SIGNATURE OF PRINCIPAL SERVICE LIC	CENSOE		22. NAM	E AND ADDRESS OF FAC	CILITY					
	1 X 31/	Jusin		4739	cis Gasch' Baltimore	Ave. Hy	neral R ettsvil	lle, MD 20781			
	23. PART I. Enter the diseases, or o	complications that ca	used the death. Do	not antar tha	mode of dying, such	as cardiac or resp	Iratory arreat	, Approximate			
	shock, or heart failure. IMMEDIATE CAUSE Finel			U L				Interval Batween Onset and Death			
	disease or condition resulting in death)	· Musi	ardial	Intal	-etion			minutes			
	,	a. Mysic over to (or b. Arter) DUE TO (OR	AS A CONSEQUENCE O	F):	105.	ula XII	0000	14044-0			
NO	Sequentially list conditions,	b. Arler	AS A CONSEQUENCE O	AL LA	-diounc	VIAL DIV.	Chite	yems			
E	cause. Enter UNDERLYING							ļ			
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO (OR	AS A CONSEQUENCE O	F):							
CERTIFICATION	resulting in death) LAST	d									
	PART II. Other significant condition	ns contributing to dec	th but not resulting	In the under	ying cause given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS			
EDICAL						1 YES :		COMPLETION OF CAUSE OF DEATH?			
MEC								1 YES 2 NO			
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	B. PLACE OF DEATH (Ch	eck only one)					
PHYSICIAN:	1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)										
27. MANNER OF DEATH 128a. DATE OF INJURY 128b. TIME OF INJURY 128d. INJURY AT WORK? 128d. DESCRIBE HOW INJURY OCCURED 128d. DESCRIBE HOW INJURY OCCURED 128d. DESCRIBE HOW INJURY OCCURED 128d. DESCRIBE HOW INJURY OCCURED 128d. DESCRIBE HOW INJURY OCCURED 128d. DESCRIBE HOW INJURY OCCURED 128d. DESCRIBE HOW INJURY OCCURED 128d. DESCRIBE HOW INJURY OCCURED 128d. DESCRIBE HOW INJURY OCCURED 128d. DESCRIBE HOW INJURY OCCURED 128d. DESCRIBE HOW INJURY OCCURED 128d. DESCRIBE HOW INJURY OCCURED 128d. DESCRIBE HOW INJURY OCCURED 128d. DESCRIBE HOW INJURY OCCURED 128d. DESCRIBE HOW INJURY OCCURED 128d. DESCRIBE HOW INJURY OCCURED 128d. DESCRIBE HOW INJURY OCCURED 128d. DESCRIBE HOW INJURY OCCURED 128d. DESCRIBE HOW INJURY OCCURED 128d. DESCRIBE HOW INJURY OCCURED 128d. DESCRIBE HOW INJURY OCCURED 128d. DESCRIBE HOW INJURY OCCURED 128d. DESCRIBE HOW INJURY OCCURED 128d. DESCRIBE HOW INJURY OCCURED 128d. DESCRIBE HOW INJURY OCCURED 128d. DESCRIBE HOW INJURY OCCURED 128d. DESCRIBE HOW INJURY OCCURED 128d. DESCRIBE HOW INJURY OCCURED 128d. DESCRIBE HOW INJURY OCCURED 128d. DESCRIBE HOW INJURY OCCURED 128d. DESCRIBE HOW INJURY OCCURED 128d. DESCRIBE HOW INJURY OCCURED 128d. DESCRIBE HOW INJURY OCCURED 128d. DESCRIBE HOW INJURY OCCURED 128d. DESCRIBE HOW INJURY OCCURED 128d. DESCRIBE HOW INJURY OCCURED 128d. DESCRIBE HOW INJURY OCCURED 128d. DESCRIBE HOW INJURY OCCURED 128d. DESCRIBE HOW INJURY OCCURED 128d. DESCRIBE HOW INJURY OCCURED 128d. DESCRIBE HOW INJURY OCCURED 128d. DESCRIBE HOW INJURY OCCURED 128d. DESCRIBE HOW INJURY OCCURED 128d. DESCRIBE HOW INJURY OCCURED 128d. DESCRIBE HOW INJURY OCCURED 128d. DESCRIBE HOW INJURY OCCURED 128d. DESCRIBE HOW INJURY OCCURED 128d. DESCRIBE HOW INJURY OCCURED 128d. DESCRIBE HOW INJURY OCCURED 128d. DESCRIBE HOW INJURY OCCURED 128d. DESCRIBE HOW INJURY OCCURED 128d. DESCRIBE HOW INJURY OCCURED 128d. DESCRIBE HOW INJURY OCCURED 128d. DESCRIBE HOW INJURY OCCURED 128d. DESCRIBE HOW INJURY OCCURED 128d. DESCRIBE HOW INJURY OCCURED											
B	2 Accident Investigation 3 Suicide & Could not be		JURY — At home, farm,			28f. LOCATION (Street	and Number or	Rural Route Number,			
TED	4 Homicide 8 Could not be determined	building, etc.	(Specify)			City or Town, State					
E	29a. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the best of my	knowledge, death occur	red at the time,	data and place, and due	to the cause(s) and me	nner as stated.				
COMPLET	(Orlock Orly)							cause(s) and manner as stated.			
ш	29b. SIGNATURE AND TITLE OF CERTIFIE	R Dep	ury med	ICAL	29c. LICENSE NUI	MBER	29d. DATE S	SIGNED (Month, Day, Year)			
TO B	Gaul Mhelou	hu 5	Kamine	1	2010	252	> 9,	30190			
F	30. NAME AND ADDRESS OF PERSON WA	NO COMPLETED CAUSE O	F DEATH (ITEM 27) (Typ	s, Print)	014	47154111	i A	7670			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	N OUN	nd my	41124111	MAD	20 181			
	TOTAL CITED (MOTOR, DEV, TOET)	I SE REGISTRAR'S									
	OCT 0 2 '90	fully Triede									

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

REGISTRAR			CI	ERTIFIC	CALE	OF D	EATH		REG. N	Э.		
1. DECEDENT'S NAME (First,	Middle, Last)							2	DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
		ONG SR.						_	EPTEMBER	26		9:00AM M
4. SOCIAL SECURITY NUMBER 236-32-1435		5. SEX	6. AGE (In yrs. les	24	IF UNDER 1 Y	_	OURS MIN		Month, Day, Year)		Count	
				YRS.				_	No.	_		est Virginia
9a. FACILITY NAME (If not in				,			LOCATION O	F DEAT	Ή		UNTY OF C	
PRINCE GEORGE'S HOSPITAL CENTER CHEVERLY PRINCE GEORGE'S RESIDENCE OF DECEDENT 100. STATE 100. CITY, TOWN OR LOCATION 100. INSIDE CITY												
Maryland Prince George's Coomar Manor LIMITS? 1 X YES 2 □ NO												
4003 Lawrer	nce St	reet				10f. ZI	20722	2		10g. cm U.S	A.	WHAT COUNTRY?
11. MARITAL STATUS 1												
15. DEC (Specify onl	EDENT'S EDU y highest grad	JCATION e completed)	16e. DE	CEDENT'S US	SUAL OCCI	JPATION	of working		16b. KIND OF B	USINESS/IN	OUSTRY	
8th Grade		College (1-4 or 5 None		ip Tru					B. Fra	nk Jo	y, C	omp any
	17. FATHER'S NAME (First, Middle, Lest) Henry Harrison Long 18. MOTHER'S NAME (First, Middle, Melden Surneme) Lula Mae Burnett											
19a. INFORMANT'S NAME (I Mary Jean I		Spouse)	19	b. MAILING A	awrei	ice S	Number or Ri Street	urai Aou	te Number, City or To Colmar M	wn, State, Z anor,	Md.	20722
20e METHOD OF DISPOSIT 1 A Burlet 2 Comment 4 Donation 5 Ques	m /9 🗆 Ran	noyal from State	FOR PLACE	of disposit	In Ce	of comete	ery, crematory	or		ocation - entwo		own, State Maryland
21. SIGNATURE OF FUNERA		100	1				ADDRESS OF			unera	al Ho	me, P.A.
1/400	1/	112	open	~								
23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Oneet and Death Approximate Approximate Interval Between Oneet and Death										Interval Between		
resulting in death)		a. VET	O (OR AS A CONSE	OUENCE OF		10	-11					
Sequentially list condit if any, leeding to imme cause. Enter UNDERLY	diete	b. OUE TO	O OR AS A CONSE	OUENCE OF)	:	De	-	J n	19			
CAUSE (Disease or Injuthat Initiated events resulting in death) LAS	Jry	c	OR AS A CONSE	OUENCE OF)	;							
	_	d										1
PART II. Other algnifica	ant condition	na contributing to	death but not	resulting in	tha unda	arlying o	ceuse give	n In Pa		ORMED?	Y 24	b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO
									1 □ YES	2 🗌 NO		OF DEATH?
									_			1 YES 2 NO
25. WAS CASE REFERRED T	O MECCO!					20 84 45	TE OF OF AT	J 104-	t ast ass'			
EXAMINER?	O MEUICAL	HOSPITAL:	☐ ER/Outpatient		OTHER:		E OF OEATH					
27. MANNER OF DEATH		26e, DATE O	F INJURY	28b. TIME	OF 2	8c. INJUR	TY AT	_	Other (Specify) 28d. DESCRIBE HOT	V INJURY O	CCURED	
1 Neturel 5	Pending Investigation		Day, Year)	INJU	M	WORK 1 YES	(7 S 2 NC	,				
0 0 0 0 0 0 0	2 Accident Investigation 3 Suinide 28e. PLACE OF INJURY — At home, farm, street, fectory, office 28f. LOCATION (Street end Number or Burel Boute Number,										Route Number,	
4 Homicide	determined	building	, atc. (Specify)						City or Town, Ste	/		
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, end due to the ceuse(e) end manner as stated. 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, data end place, end due to the ceuse(e) end manner as stated.												
Qualle >9/28/90												
Dr. Anees						Roa	ıd, #1	00	Colle	ge Pa	rk, l	4d. 20740
31. DATE FILED (Month, Day)	Year)	A	AR'S SIGNATURE	••								
UCT U 2 90 Julia Sairidan Rondo 100												

-14 31. DATE FILED (Month, Day, Year)

'qn

	FOR STATE OF MARYLAND / STATE REGISTRAR CE			F HEALTH AND I	MENTAL HYGIEN REG. NO.	E 9	0 28771
i	1. DECEDENT'S NAME (First, Middle, Last)	-			2. DATE OF DEATH	Y YE	3. TIME OF DEATH
***	Jennie Bruel	4	ong		MONTH D	7 90	0 2:15 M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. ins		IF UNDER 1 YE WONGPAS DA		7. DATE OF BIRTH (Month, Day, Year)	a. E	NRTHPLACE (State or Foreign country)
	578-54-7118 1□M2☑F 90	YRS.	monglés ou	HOURS MIN.	July 30.1		aryland
	9s. FACILITY NAME (If not institution, give street and number)	1	9b. CITY, TO	WN OR LOCATION OF DI		9c. COUNTY	
FUNERAL DIRECTOR	St. Mary's Nursing Center		Leona	rdtown		St. M	ary's
슖	10s. STATE 10b. COUNTY	10c. CITY	, TOWN OR L	CATION			10d. INSIDE CITY LIMITS?
급	Maryland St. Mary's	Leon	nardto	wn			1 TES 2 NO
A P	10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
ER	P.O. Box 581			20650		U.	S.A.
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AR	MED			NIC ORIGIN? (Specify Yas	or No 14.	RACE — American Indian, Black, White, alc.
	1 Never Married 2 Married FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	MO.		i, specify Cuben, Mexica YES 2 \(\overline{\chi} \) NO \(\overline{\chi} \) Specif			Specify:
ВУ	3 XXWIdowed 4 Divorced		1				white
COMPLETED	(Specify only highest grade completed)		USUAL OCCU	PATION g most of working	16b. KIND OF BU	SINESS/INDUST	ĦΥ
=	Elementary/Secondary (8-12) College (1-4 or 5+)		s rourou.		Notion-1	Canada	h O -
M	8 17. FATHER'S NAME (First, Middle, Last)	lerk		Las Morturnio M	INALIONAL AME (First, Middle, Maiden		aphic Co.
8	Lewis Vallandingham			DV-CONSTITUTO		Sumame)	
BE		- MAR INC	ADDDESS (D		Gibson Route Number, City or Tow	- State 7in Con	le)
2					iton, MD.		9)
				of cemetery, crematory or		CATION — City	or Town State
	1 Durisi 2 Cremetion 3 Remove from State other pl	lece)					
	TO DONATURE OF FUNERAL SERVICE LICENSEE	Linco		netery	LBre:	ntwood,	
	- N						uitland Rd.
	Dryan A Helbach						nd, MD. 20746
	23. PART I. Entar the diseases, or complications that caused the de shock, or heart failure. List pnly one cause on each line	eath. Do n	ot enter the	mode of dying, suc	ch as cardiac or raap	iratory arreat,	Approximata Interval Between
	IMMEDIATE CAUSE (Final	-		Dese	200		Onset and Death
	disease or condition resulting in death) a	uner	(yere.	asc		Elean
	DUE TO ONAS A CONSE	QUENCE OF	7):				X
N	Sequentially list conditions, Due To (OR AS A CONSE						
CERTIFICATION	If eny, leading to immediate cause. Enter UNDERLYING	QUENCE OF) ;				
윤	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSE	QUENCE OF					
Ē	resulting in deeth) LAST						
B	d						
CAL	PART ii. Other significant conditions contributing to death but not	resuiting i	n the under	tying cause given in	Part I. 24s. WAS AN PERFO		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
_	Careenoma of Co	er	200	adel	1 🗆 YES	NO	COMPLETION OF CAUSE OF DEATH?
M							1 🗆 YES 2 🗀 10
ä	/						171
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		OTHEB	6. PLACE OF DEATH (C	heck anly one)		
Š	1 TYES 2 TO 1 Inpatient 2 ER/Outpatient	3 🗆 DOA		Home 5 - Residence	6 Other (Specify)		
PHYSICIAN: MED	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year)	28b. TIM INJ	E OF 28 URY	. INJURY AT WORK?	28d. DEŞCRIBE HOW	INJURY OCCUR	ED
BY	1 Naturel 5 Pending 2 Accident Investigation			YES 2 NO			
	3 Suicide 8 Could not be 4 Homicide determined	ome, farm, s	street, factory,	offica	2at. LOCATION (Street City or Town, State		Rural Route Number,
Ē	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, d	enth occum	ed at the time	data and place, and du	s to the cause(s) and ma	mer se stated	
COMPLET	(Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or						suse(s) end menner as stated.
Ü	296 SIGNATURE AND TITLE OF CERTIFIED			29c. LICENSE NL	JMBER		GNED (Month, Day, Year)
<u> </u>	15			137 -	230	b -	120161)

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Julia Davidson-Randell

32. REGISTRAR'S SIGNATURE

en

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	DS, P.O.	BOX	13146,	BAL	TIMORE,	BALTIMORE, MARYLAND 21203-3146	21203-3146
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic	at the death cer	ificate be e	xecuted within	24 hours after deat	h. Page 6 may b	e retained by the hosp	ital or attending physic
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial in the find within 72 hours after heart with the State Dear, of Health and Mental Hydlene prior to burial, cremation, or removal.	by the attending	physician ene prior to	and completely burial, cremati	filled in by the fun ion, or removal.	eral director, pag	s 5 should be detache	d for use as the burial-
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	y Injury, or o	ther traum	ratic event, t	he medical exar	niner must be	notified at once.	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

NEGISTAAN				0.	-17111	IVAI	LOI	DEA	101		EG. NO.			
1. OECEOENT'S NAME (First	, Middle, Last)									2. DATE OF I	DEATH	,	YEAR	3. TIME OF DEATH
PATSY	LEE	T.	TDA							Octobe			990	1/15 AM
4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (n yrs. las	t birthday)		ER 1 YEAR	IF UNDER		7. DATE OF E (Month, Da	HTRI		8. BIRTI Count	HPLACE (State or Foreign
217-56-2220		1 🗌 M 2 💢 F	40		YRS.	MONTHS	B DAYS	HOURS	SHIN.	June 1		950		
9e. FACILITY NAME (If not in	stitution, give s	street end number)				9b. Cl	TY, TOWN	OR LOCATI	ON OF O		1		NTY OF C	
8142 Arcadia	Tane						Boo	nsbo	ro			Was	shin	gton
RESIDENCE OF DEC							DOC	71000				mai	3113.11	90011
10a. STATE	10b. COUNT	Υ			10c. CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY LIMITS?
Maryland	Wash	ington			Box	onsk	oro							1 TES 2 NO
10e. STREET AND NUMBER							10	H. ZIP COO	E			10g. CIT	IZEN OF	WHAT COUNTRY?
8142 Arcadi	ia Tan	e						217	13			II.	.S.A	
11. MARITAL STATUS		12. WAS OECEDER	NT EVER IN	U.S. AR	MEO	1:	3. WAS DE	CENDENT C	OF HISPAI	NIC ORIGIN? (S	pecify Yes			E — American Indian, ck, White, etc.
1 Never Married 2 🙀		FORCES?			10			pecify Cubs		en, Puerto Ricar	ı, etc.)			ck, white, etc.
3 Widowed 4 Dive	proed								· -					white
	EDENT'S EDU			16a. DE	CEDENT'S	USUAL	OCCUPAT	ION		16b. KIN	D OF BUS	INESS/INC	DUSTRY	
Elementary/Secondary (College (1-4 or 5	+)	life.	Do NOT us	se retired	ie duning m 1.)	ost of working	ng .					
12yrs.				N	ursii	ng A	Assis	tant		H	ospit	cal		
17. FATHER'S NAME (First, M	fiddle, Last)					-		18. MOT	HER'S NA	ME (First, Middl	e, Maiden S	Surname)		
Luther			c	bre	cher			Pe	eggy					Myers
19a. INFORMANT'S NAME (Type/Print)					ADDRE	ESS (Street			Route Number, (City or Town	State, Zit	p Code)	
David Lee I	ida			8	142 7	Arca	adia	Tane	Boo	nsboro	. Mai	cvla	nd	21713
20a. METHOD OF DISPOSIT			206					emetery, crer				=		Town, State
1 ☑ Burlel 2 ☐ Crematic 4 ☐ Donetion 6 ☐ Other	on 3 🗆 Ran	noval from Stata		other pli	nce)		•	al Pa						Maryland
21. SIGNATURE OF FUNERA		CENSEE	_ 100	Juli	LICIVII	-		NO ADDRE		ACIL ITY	nage	450	JVVII,	racytana
Li didital di Longia	L CLITTOL L		- 02	2 19	200	1	a. House	THE ADDITION	.55 01 17	TOTAL I	7606	Boor	nsbo	ro Pike
Douglas	A. Fi	ery ///	iclos,	A. X	Ziero	E E	Bast	Fune	ral	Home :	Boons	sbore	M, C	aryland
IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list conditions	tions,	b	C / W. O (OR AS A	CONSE	Q (OUENCE O		+	he	(e	rvix			1	Interval Between open and Death Sears
if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	ring ury ST	c	O (OR AS A	CONSE	QUENCE O	F):								
PART II. Other algoritics	ent conditio	na contributing to	o death b	ut not i	reaulting	in the	underlyi	ng cause	given in		PERFOR	MED?	24	Ib. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED 1 EXAMINER?	TO MEDICAL							PLACE OF I	DEATH (C	heck only one)				
1 Tes 2		HOSPITAL: 1 Inpatient 2	☐ ER/Out	patient 3	□ DOA	OTH 4 🗆 N		me 5 🗆 A	esidence	6 Other (S)	pecify)			
	Pending Investigation	26s. DATE O (Month,	F INJURY Day, Year)		26b. TIA		28c. IN	YES 2		28d. DE\$CR		NJURY OC	CCURED	
2 Accident 3 Suicide 6	Could not be detarmined	26e. PLACE building	OF INJURY , atc. (Spe	— At ho	ome, farm,	street, f	factory, off	ice		26f. LOCATIO City or To	ON (Street a bwn, State)	nd Numbe	or or Rural	Route Number,
Corlock Orly	DICAL EXAMIN							daath occu		e time, date and		d dua to t	the cause	e(e) and menner as stated.
30. NAME AND ADDRESS O	OF PERSON W	HO COMPLETED CA	USE OF DE	ATH (ITE	M 27) (Type	D'Y	<i>A</i>		00	135	1	P (ty	6, 1490
MANUAL LINES AND THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE SAME THE	: Year)	2 32. REGISTS	AR'S SIGN	ATURE		100	one	RCT	IVE		rag	em	10	wn
- JU	,	Juna vavid	son-A	moles	2						,			

FOR STATE REGISTRAR

Mercedes

SOCIAL SECURITY NUMBER

1. DECEDENT'S NAME (First, Middle, Last)

M.

Martell

5. SEX

1 -

		SOCIAL SECURITY NUMBER		5. SEX	8. AGE (In yrs. lest	birthday)		ER 1 YEAR	IF UNDER	24 HRS.		OF BIRTH			LACE (State or Foreig	gn
		577-40-3228		1 🗌 M 2 🖫 🗲	89		YRS.	монти	DAYS	HOURS	MIN.	7-2	8-190	1	Country	onsin	
(I	1	a. FACILITY NAME (If not institution	n, give str	set and number)		-		9b. Ci	TY, TOWN (OR LOCATI	ON OF DE		0-170	v	INTY OF DE		
17	E.	Villa Rosa	Nur	sing H	ome			Mi.	tche	110	1114	2		Drd	nce	George	
1, 2,	OTO	RESIDENCE OF DECEDE	NT											FIL	nee	george	
r. Pages	DIRE	MD 10a. STATE 10b.	MAF	RYLAND			10c, CIT		OR LOCAT							10d. INSIDE CITY LIMITS? 1 YES 2 NO)
permit.	- 1	10e. STREET AND NUMBER							10	f. ZIP COD	E			10g. CI1	TIZEN OF W	AT COUNTRY?	
Si.	FUNERAL	12916 ESTELLE	RC	DAD								2090			USA		
nours after death. Page 6 may be retained by the hospital or attending physician. or removal. or removal. medical examiner must be notified at once.	BY	11. MARITAL STATUS 1 Never Merried 2 Marrie 3 Wildowed 4 Divorced	d	12. WAS DECEDED FORCES? IF YES, GIVE	1 YES	2 X N		1	If yee, sp	CENDENT (healfy Cube 2 X NO	m, Mexico	n, Puerto	i? (Specify Yee Rican, atc.)	or No—	14. RACE Black, Spec/fy	- American Indian, White, etc. WHITE	
r attend use as	8	15. DECEDENT (Specify only highe				16a. DE(CEDENT'S	USUAL work don	OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION	ON ost of worki	na	168	KIND OF BUS	BINESS/IN	DUSTRY		
spital or ned for u	PLET	Elementary/Secondary (0-12)	Ĭ	College (1-4 or 5	+)		DO NOT U		ACHEF			PU	BLIC 8	PRI	VATE	SCHOOLS	
the hospit detached once.	COMPL	17. FATHER'S NAME (First, Middle, L	.ast)							18. MOT	HER'S NA		Middle, Maiden				
d by ti	BE C	WILLIAM P.		DANIEL						MA	RY			BREN	IZEL		
5 should	2	190. INFORMANT'S NAME (Type/Pri		(DAII	CHTT								ber, City or Tow			0006	
ay be		ROSEMARY EISE	LE	(DAU	-				Name of ce			VHEAL	ON, MA		- City or Tow	20906	
director, p		1 XBuriel 2 Cremation 3 4 Donation 5 Other (Speci	Remo	val from State		other pla	100)		EN CE							, MARYLA	AND
Page al dire		21. SIGNATURE OF FUNERAL SER		HUSES /	1			2	2. NAME A	ND ADDRE	SS OF FA	CILITY					1112
death. Pag funeral dil examiner		Muchan	1;	115	-1/1	n)							FUNER			, MD 209	001
ours after of in by the or removal.		23. PART I. Enter the disease														Approximate	
within 24 upletely fill cremation.		ahock, or heart f IMMEDIATE CAUSE (Final disease or condition resulting in death)	allure. L	SZ	(OR AS		9	OF):								Interval Bets Onset and D	
and to bur	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	\[\]		O (OR AS A												
requires that the d sen signed by the of Health and Mei	MEDICAL C	PART II. Other algorificant co	enditions end	contributing of	b death b	out not r	esulting س	In the	underlyin	ng cause	given in	Part I.	24s. WAS AN PERFOI 1 TYES 2	RMED?		WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO	JSE
Deg as	IAN	25. WAS CASE REFERRED TO MED	HCAL						28. P	LACE OF I	DEATH (C/	heck only o	ne)				
Sician: The certificate hit the State d, or item	SIC	1 YES 2		HOSPITAL:	☐ ER/Out	patient 3	□ DOA		ER: Jursing Hor	ne 5 🗆 R	lesidence	8 🗆 Oth	er (Specify)				
NG PHYSICI fter this cer eath with the	Y PHYSICIAN:	27. MANNER OF DEATH Natural 5 Pendi		28a. DATE O (Month,	F INJURY Day, Year)		28b. TH	ME OF JURY M		JURY AT ORK? YES 2	□ NO	28d. DE	SCRIBE HOW	NJURY O	CCURED		
HOSPITAL OR ATTENDING PHYSICIAN: FUNERAL DIRECTOR: After this certifica within 72 hours after death with the St MANT: If Item 28 is marked, or It	ED BY	2 Accident SUclide S Could 4 Homicide determ		28e. PLACE building	OF INJURY	Y — A1 ho	me, farm,	atreet, f	actory, offi	ce			CATION (Street or Town, State)		er or Rural R	oute Number,	
L DIRECT Pours a	OMPLET	29e. CERTIFIER (Check only	O P YSIC	CIAN: To the best of	of my know	vledge, de	ath occur	red at 1h	e time, det	e and plac	e, and du	o 10 the ca	use(e) end me	nner as st	ated.		
HOSPITAL FUNERAL WITHIN 72 I	COM	one) 2 MEDICAL E	XAMNER	R: On the basie of	examinatio	on end/or	Investigati	lon, In m	y opinion,	death occu	ared at the	e time, dat	e and place, er	nd due 10	the ceuse(e)	and menner as stat	ed.
TO THE HOSPIT TO THE FUNERA be filed within 7	BE	290. SIGNATURE AND TITLE OF C	The second	5	M	C				29c. LIC	ENSE NU	MBER			A 1	(Month, Day, Year) - EC	
12	5	30. NAME AND ADDRESS OF PER		COMPLETED CA				e, Print)	OU A	NAV	m T.	10	1,4			ردی مرز	1006
		31. DATE FILED (Month, Day, Year) OCT 0 4 90		32 REGISTA	AAR'S SIGN	ATURE		,			1		*				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

28773

3. TIME OF DEATH

4:14

90

1990

2 DAY

2. DATE OF DEATH MONTH 2

THE SERVICE AND THE SERVICES

. . . .

			1 - STATE REGISTRAR	OTTIL OF MITHE	C			F DEATH		REG. NO.			
			1. DECEDENT'S NAME (First, Middle, Last)	OTILA AA		1.16.1			2. DATE O	F DEATH DAY	ΥEA	3. T	IME OF DEATH
	_			CILIA MI					0	- 07	- 90		+ AM
5			4. SOCIAL SECURITY NUMBER 518-32-6625	5. SEX 6. AG	E (In yrs. le:	YRS. MON	THE DAYS		-	Day, Year)	Co	ountry)	E (State or Foreign
3	4)	9a. FACILITY NAME (If not institution, give s		01			N OR LOCATION OF DEA	ATH		9c. COUNTY C	F DEATH	
RE	3	ECTOR	108 E. FRANKL	IN AVENU	4	3	ILVER	R SPRING	1		MOUT	GOM	rpy
A	N	REC	10a. STATE 10b. COUNT			10c. CITY, TO		_				10d.	INSIDE CITY LIMITS?
5	i.	BIG -		tgongry		SILV		SPRING					YES 2 NO
2	n. ansit permit.	FUNERAL	100. STREET AND NUMBER					101. ZIP CODE 2090	1		U.S		COUNTRY?
3	46 physician. burlaf-transit		11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVE FORCES? 1 2	R IN U.S. AF	NO NO	If yes,	ECENDENT OF HISPANI specify Cuban, Maxican	, Puarto Ric			Black, Whi	
*	the gird	ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OF	R DATES		1 🗆 Y	ES 2 NO Specify:			S	Specify:	VHITE
1	attending use as the	ED	15, DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. Di	ECEDENT'S USUA Give kind of work of a. Do NOT use reti	AL OCCUPA done during	TION most of working	16b. F	IND OF BUSI	NESS/INDUSTF		
1	212 of for u	LEI	Elementary/Secondary (0-12)	College (1-4 or 5+)		e. Do NOT use reti	,		0	Lepic	M		
K	AND 21 the hospital detached to once.	COMPLETED	17. FATHER'S NAME (First, Middle, Last)			UF LI	71941	16. MOTHER'S NAM			_		
	YLAN by the dy be det	411	HUGH FRAN	cis me	QUE	anay		Marry	9412	4547	+ Au	1+	
	MARYLAND 21203- e retained by the hospital or attend 5 should be detached for use as notified at once.	5 B	19a. INFORMANT'S NAME (Type/Print)					et and Number or Rural R					20901
		-	LORETTA A. NICKE					NKLIN AVEN	NUE,		SPRIN ATION — City of		
	BALTIMORE, I ter death. Page 6 may be the funeral director, page wal.		1 Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	noval from State	other p	IARY'S (NGTON,		
	Page ral dire		21. SIGNATURE OF FUNERAL SERVICE LI		0		22. NAME	AND ADDRESS OF FAC					2140
	death. Page tuneral direction.		* (Duy)	Kinn				CIS J. COI UNIVERSITY					
	E 3 & at		23. PART I. Enter the diseases, or	complicatione that cau									Approximate interval Between
	3 - 5 E		IMMEDIATE CAUSE (Fine)	Oc -C	ii eecii iiii		T						Onset end Death
			disease or condition resulting in deeth)	· Kaskii	ZATE	OUENCE OF:	TAI	LURS					
	executed within 27-77 and completely filled to burial, cremation, on matic event, the		_	N 247A	LONI.	4						į	
	OX 131 e be execute sician and conforto buria traumatic	ERTIFICATION	Sequentielly list conditions, if any, leading to immediate	OUE TO (OR A		EOUENCE OF):						1	
	BOX ficate be physician ne prior the	S	cause. Enter UNDERLYING CAUSE (Disease or injury	C. OUE TO (OR A	S A CONS	COLLENCE OF							
	death certificate of attending physiental Hygiene pri	E	that initiated events resulting in deeth) LAST	OUE TO (ON A	AS A CONSE	EODENCE OF):						į	
	S, P. ne death the atter Mental	O	PART II Other circlifered and distr	a.	h h. d d		4 . 4		D. 4				
	O T A P	DICAL	PART II. Other eignificent condition		n but not	resulting in tr	ie Underly	ring cause given in		PERFORM	MED?	AVA	RE AUTOPSY FINDINGS ILABLE PRIOR TO APLETION DF CAUSE
	COR signed signed Health a			1-0					- 1	1 TYES 2	NO NO		DEATH?
	W requires been sign of Head	2 2							-		i		1 197 1 11 11
	F VITAL RECC SICIAN: The law requires certificate has been sign of the State Dept. of Hea		25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26 [HER:	PLACE OF DEATH (Che	ock only one)			
	VITAI CIAN: The ertificate h the State (10	1 TYES 2 NO	1 Inpetiant 2 ER/G		3 🗆 DOA 4 🗆	Nursing I	lome 5 Realdance					
	PH PH	H	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Ye		28b. TIME OF INJURY		INJURY AT WORK? YES 2 NO	28d. DESC	THIBE HOW IN	JURY OCCURE	· U	
	ON VDING F S. After death		2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJ building, etc. (URY - At h	nome, farm, stree				TION (Street ar Town, State)	nd Number or R	ural Route	Number,
	DIVISION OR ATTENDING DIRECTOR: After hours after death		4 Homicide datarmined						Only 0	iown, ciatoy			
	4 42 4	로	cond.	SICIAN: To the bast of my k								use(s) and	d manner as stated.
	TO THE HOSPITAL TO THE FUNERAL TO THE FUNERAL TO SE filed within 72 PMPORTANT: If 1	E C	29b. SIGNATURE AND FIRST OF CONTIFY	Én .				29c. LICENSE NUN	ABER		29d. DATE SIG	SNED (Mo	nth, Day, Year)
	To the Hospit To the Funera Be filed within 7	5 B	JAMOO V V	NO COMPLETES SAIST	- he	F14 07 (7		11-02	488	6	10	107	190
	12		NAME AND ADDRESS OF PERSON W	OF, M.D. /	980	1 Gro	rg14	Aurur 1	SIL	re St	RING	M	D.
			31. DATE FILED (Month, Day, Year)	32. REGISTRARIS S	a David	Kon-Rans	less						
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BALTIMORE, MARYLAND 21203-3146	vs after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 months	removal,	adical evaminar much be notified at once
	HOLL	ni pa	00	E
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	+OSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-riours after death. Page 6 may be retained by the hospital or attending physician.	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled	within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	1 Ham 20 to morded or item 22 chains any inline, or other trainfall event the medical eventuer must be notified at once

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR Marion G. McMullin October 5, 1990 3:00 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE DE BIRTH 6. BIRTHPLACE (State or Foreign D MONTHS DAYS HOURS 1 M 2 X F YRS 216-44-8888 Oct. 25, 1905 Pennsylvania 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Meridian Nursing Center Silver Spring Montgomery RESIDENCE OF DECEDENT 10a, STATE 10h COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Montgomery Rockville 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 4807 Oxbow Road 20852 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FDRCES? 1 YES 2 X ND 13. WAS DECENDENT OF HISPANIC DRIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. If yea, specify Cuben, Mexican, Puerto Rican, atc.) 1 Never Merried 2 Married IF YES, GIVE WAR DR DATES 1 YES 2 X ND Specify: Specify ВУ 3 🕅 Widowed 4 🗌 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 15e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp during most of working (Give kind of work done life. Do NOT use retired.) United States Elementary/Secondary (0-12) College (1-4 or 5+) Payroll Clerk 2 Government. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maiden Sumame) Charles Georg Emma Lohr BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Donald E. McMullin 4441 47th Street, N.W., Washington, D.C. 20016 20g METHDD OF DISPOSITION
1 A Burlel 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State 4 Donation 5 Other (Specify) Mount Zion Cemetery Boswell, Pennsylvania Robert A. Pumphrey Funeral Home/ Bethesda-Chevy Chase, Inc. 7557 Avenue, Bethesda, Maryland 2081 21. SIGNATURE OF FUNERAL SERVICE LICENSEE M00381 Barbara Jomomullen Lawrence 7557 Wisconsin 20814-3501 23. PART I. Enter the disease, or complicatione that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory street, Approximete shock, or heart failure. List only one geuse Interval Between Onset and Death IMMEDIATE CAUSE (Finsi disease or condition moron resulting in death) DUE TO (OR AS A CONSEQUEN OF CERTIFICATION Sequentielly list conditions, DUE TO (DR AS A CONSEQUENCE OF): If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? **MAILABLE PRIOR TO** COMPLETION DF CAUSE 1 TYES 2 X ND DE DEATH? 1 ☐ YES 2 ☐ NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TYES 2 ND lent 2 - ER/Outpatient 3 - DOA ng Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DEȘCRIBE HOW INJURY OCCURED Natural 5 Pending 1 YES 2 ND BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be COMPLETED 4 Homicide determined CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the ceuse(s) end manner as stated. (Check only one) 2 MEDICAL EXAMINEA: On the basic of examination end/or investigation, in my opinion, death occured at the time, date end place, end due BE 是王 是 10/30 U 23 2 O COMPLETED CAUSE OF DEATH (ITEM 27) Type AMIN RUNIA KING 32. REGISTRAR'S SIGNATURE

Suna Davidson Randelle

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TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Q n 22776

1 - FOR STATE REGISTRAR		STATE OF N	TARYLAN	D / DEPAR					MENTA	L HYGIENE	5	0 (28776
1. DECEDENT'S NAME (First,	Middle, Last)									OF DEATH		3.	TIME OF OEATH
Harry Burto		lister							Oct	ober 3	1990		11:40 A. M
4. SOCIAL SECURITY NUMB 213-40-7804		5. SEX		rs. last birthday) 18 YRS.	IF UNDER	1 YEAR DAYS	HOURS 2	4 HRS. MIN.	7. DATE (Mont	of BIRTH	42 1	Country)	ACE (State or Foreign ngton, D.C.
9e. FACILITY NAME (# not in			-	20 1110.	9b. CITY,	TOWN O	R LOCATIO	N OF DE		10,13		TY OF DEAT	
Suburban Ho					Bet	hesc	la				Mon	tgome	ry
RESIDENCE OF DEC	10b. COUNTY		-	10c. CIT	Y, TOWN O	R LOCATI	ON					10	id. INSIDE CITY
Maryland	Mont	gomery		Che	evy C	hase	9					1	LIMITS?
10e. STREET AND NUMBER						10f.	ZIP CODE				10g. CITIZ	EN OF WHA	T COUNTRY?
3535 Chevy	Chase	Lake Dri	ve Ap	t#201			208	15				ed St	
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Joseph Henr		lister.	Jr.							e Veir			
19a. INFORMANT'S NAME (1)		2250017	01.	19b. MAILING	ADDRESS	(Street ar				ber, City or Town		Code)	
Doris V. Mo	Allist	er		12019	Hito	hing	g Pos	t La	ane	Rockvi	lle,	Maryl	and 20852
20e. METHOD OF DISPOSITION 1 XBuriel 2 Cremetion 4 Donation 5 Other	n 3 🗆 Remo	val from State	20b. Pi	her place) rt Linc	oln (Na	me of cem Ceme	terv	atory or			twood		, State ryland
21. SIGNATURE OF FUNERA		ENSEE			22.	NAME AN	O ADDRES	S OF FA	CILITY R				
· Will	EBO	un of		M00672									Funeral 7557 and 20814-
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resulting in death)	→ .	Seps		ONSEQUENCE O	In:								2 Weeks
				l Perf	•	.on-I	Esoph	age	al V	arices			2 Months
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CAUSE (Disease or Inju				of the		rer							One Year
that initiated events resulting in death) LAS	т	DUE TO	(OR AS A CO	ONSEQUENCE O	HF):								į į
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PART ii. Other algnifica	int conditions	contributing to	daath but	not resulting	in the un	derlying	g ceuse g	iven in	Part I.	24a. WAS AN PERFOR		A	ERE AUTOPSY FINDINGS WAILABLE PRIOR TO
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												1	YES 2 NO
25. WAS CASE REFERRED T	O MEDICAL					26. PL	ACE OF DE	ATH (Ch	eck only o	ine)			
EXAMINER?		HOSPITAL:	☐ ER/Outpati	ent 3 🗆 DOA	OTHER	₹:	e 5 🗆 Res						
27. MANNER OF DEATH		28e. OATE OI (Month, i		28b. TIR	ME OF JURY	28c. INJ	URY AT		28d. DE	SCRIBE HOW II	NJURY OCC	URED	
1 X Natural 5 2 Accident	Pending Investigation				М		/E\$ 2 _	NO					
3 Suicide 6 Homicide	Could not be determined	28e. PLACE (building	OF INJURY — , atc. (Specify)	At home, farm,	atreet, fect	lory, office	•		281. LQ C/t)	CATION (Street a or Town, State)	and Number	or Rural Rou	ite Number,
29e. CERTIFIER 1 X CERT	TIFYING PHYSIC	CIAN: To the best o	f my knowled	ge, death occur	red at the t	lme, date	and place,	and due	to the ca	luse(s) and mar	ner aa state	ed.	
(Onbox only													nd manner es stated.
29b. SIGNATURE AND TITLE)	-			29c. LICE	NSE NUI	MBER				fonth, Day, Year)
Saula	wn	N/MS					D3086	59			▶0ct	ober	4, 1990
Sheila Levi						201	Rocky	vill	e, M	iarylan	d 208	350	
31. DATE FILEO (MOTOTO)	90' 6"	32. REGISTA	AR'S SIGNAT	URE Pan	dece								



FOR STATE REGISTRAF

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO

		1. OECEDENT'S NAME (First, Midd	lle, Last)							2. DAT MON	E OF DEATH	DAY	YEAR	3. TIME OF DEATH
		BONNT	E	В.		MARS					0		1990	
	14	4. SOCIAL SECURITY NUMBER		6. SEX	6. AGE (In)	yrs. lest birthday	MONTHS	DAYS	IF UNDER 24 HRS		E OF BIRTH		8. BIRT	THPLACE (State or Foreigntry)
Ш	1	218-38-9498		1 M 2 X F	4	9 YRS.	WOWINS	Links	HOURS INN.		il 29			shington,
		a. FACILITY NAME (If not institution	on, give st	reet end number)			9b. CITY,	Y, TOWN C	OR LOCATION OF	DEATH		9c. CO	UNTY OF	DEATH
СТОВ	: 3	Montgomer	y Ge	neral Ho	spita	1		011	ney			Mo	ntgo	mery
-먑.		BESIDENCE OF DECEDI	COUNTY			10c. C	ITY, TOWN O	OR LOCAT	TION					10d. INSIDE CITY
DIR		Maryland	Mo	ntgomery		700.00		kvil						LIMITS?
	F,	10e. STREET AND NUMBER					1100		f. ZIP CODE			10a C	TIZEN OF	WHAT COUNTRY?
FUNERAL		4602 Mercury	z Dr	ive					20853			- 1		States
Z	ŀ.	11. MARITAL STATUS	, ,,,	12. WAS DECEDEN	IT EVED IN II	SADMED	12.1	WAS DEC	CENDENT OF HIS	ANIC OBIG	M2 (Const			CE — American Indian,
		1 Never Married 2 Merr	led	FORCES? 1	YES	2 K NO	1	If yes, ep	ecify Cuban, Mex	ican, Puerte			Ble	ick, White, etc.
BÁ	3	3 Widowed 4 Divorced		IF YES, GIVE V	WAR ON DATE	29	- 1	1 TES	2 📉 NO Spi	ony:			Spe	White
8		16. OECEDEN			1	6a. OECEDENT	'S USUAL O	CCUPATIO	ON	16	Sb. KIND OF	BUSINESS/II	NDUSTRY	
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4		(0.10)		1	"	Speci	alist	:			Con	tract	S	
COMPL	1	17. FATHER'S NAME (First, Middle,	Last)						16. MOTHER'S	NAME (First	, Middle, Ma	iden Surname)		
-		Harry Boot							Gera	ldine	Step	hens		
BE	1	19a. INFORMANT'S NAME (Type/P	rint)			19b. MAILI	G ADDRESS	S (Street a	and Number or Ru	el Route Nu	mber, City or	Town, State, 2	Zip Code)	
2		Walter C. Man		11					Drive,					d 20853
		20e. METHOD OF DISPOSITION			20b. P	LACE OF DISP			metery, cremetory			LOCATION -		
	111	1 Burlel 2 X Cremation 3		oval from State	0	ther place)			torium,					aryland
	-	21. SIGNATURE OF FUNERAL SE		ENSEE		n egome		NAME A	ND ADDRESS OF	FACILITY	T D C	chesu	a, P	/Rockville
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

		FOR STATE REGISTRAR	STATE OF MARYLA		RTMENT OF H			HYGIENE REG. NO.	90	2	8778
-	\	1. DECEDENT'S NAME (First, Middle, Lest)	MAGRUDE	R			2. DATE OF MONTH	DEATH DAY	YEA 90	A .	ME OF DEATH
, P)	4. SOCIAL SECURITY NUMBER :577-01-6460	5. SEX 6. AGE (III	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D	ay, Year)	Co	PATHPLACE Duntry)	E (State or Foreign
3 should	H.	Suburban Hosp			9b. CITY, TOWN C	OR LOCATION OF DE		9c. C	COUNTY O		
25. 25	DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			ry, town on Loca thesda	TION				10d.	INSIDE CITY LIMITS?
permit.	11.20	10e. STREET AND NUMBER	ntgomery	De		1. ZIP CODE 20814		1.5	CITIZEN C	_	YES 2 NO
ending physician as the burial-transit permit. Pages 1.	Y FUNERAL	3514 Calvend Lane 11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2X NO	If yes, sp	CENDENT OF HISPAN Hecify Cuban, Maxica 5 2 X NO Specify	n, Puerto Rici	Specify Yea or No-	— 14. R	RACE — Ar Black, White Specify Wh	merican Indian, ta, etc.
An I LAIND 2 1203-5140 trained by the hospital or attending physician should be detached for use as the burial-trai	ETED BY	3 Wildowed 4 Divorced 15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)			S USUAL OCCUPATION work done during moise retired.)		16b. Ki	ND OF BUSINESS			1100
ched fo	COMPL	1/12		Hon	emaker						
by the hose be detach		17. FATHER'S NAME (First, Middle, Last) Charles Bowen				16. MOTHER'S NA		_{dle, Malden Surnan} Vickers	10)		
2 2 2	TO BE	19a. INFORMANT'S NAME (Type/Print) Douglas Magruder				and Number or Rural i				1)	
Page 6 may be all director, page ner must be r		20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Ram. 4 Donation 5 Other (Specify)		other place)	Heaven	metery, crematory or Cemetery		20c. LOCATION Silv			ng,Md.
funera funera		21. SIGNATURE OF PORTRAL SERVICE LIC	ineldi		22. NAME A Hir	nd address of fa nes/Rinal	di 11	800 New	Hamp	.Ave	e.S.S.Md.
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within upletely cremati		disease or condition resulting in death)	DUE TO (OR AS A							-	1-2 days
e be execu sician and orior to bur traumatic	CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events	DUE TO (OR AS A			20_					
the death certificate the attending phy a Mental Hygiene phinux, or other	CERI	resulting in death) LAST	d								
requires that sen signed by of Health an	MEDICAL	PART II. Other algorificant condition	e contributing to deeth be	ut not resulting) in the underlyin	ng ceuse givan in		4e. WAS AN AUTOI PERFORMED?		COM OF D	E AUTOPSY FINDINGS LABLE PRIOR TO IPLETION OF CAUSE DEATH? YES 2 NO
4: The law cate has be State Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			T	PLACE OF DEATH (C)	neck only one)				
CIAN: The la ertificate has the State De or Item 2	IVSIC	1 YES 2 NO	HOSPITAL: 1 Input lent 2 ER/Outp			me 5 - Residence			4 000UB4	-	
DING PHYSI After this c death with	ву Рн	1 Netural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	1	M 1	JURY AT ORK? YES 2 NO		RIBE HOW INJURY			
TTENDI TTENDI TTOR: A after da	ETED	3 Suicide 6 Could not be 4 Homicide detarmined	26a. PLACE OF INJURY building, atc. (Spec	— At home, farm	, street, factory, offi	ca		ION (Street and Nu Town, State)	mber or R	urel Route	Number,
4 7 Z =	鱼	one)	ICIAN: To the best of my know							use(a) and	manner as stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	TO BE (296. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NU D- 20	MBER 297	29d.	DATE SIG	NED (Mon	oth, Day, Year)
10	-	30. NAME AND ADDRESS OF PERSON WE James Brodsky	io completed cause of de	72/ W.7	lard A	20c. LICENSE NU D-20	my C	hase l	MD	20	815
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE	4.00						

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DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	1
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nours after death. Page 6 may be retained by the hospital or attending physician.	'
TO THE FUNERAL DIRECTOR: After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burlat, cremation, or removal.	-
IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	1

31. DATE FILED (16/17), (16) 1907) 90

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	1. DECEDENT'S NAME (First,	Middle, Last)									OF DEATH DA	_	METER	3. TIME OF DEATH
- 3	Doris L. ME	ELVIN								Septe	ember	28,	1990	11:00
	4. SOCIAL SECURITY NUMBE	ER	5. SEX	8. AGE (In)	rrs. last birthday) IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7. DATE O	F BIRTH		8. BIRTH	IPLACE (State or Forely
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3	9a. FACILITY NAME (If not ins	stitution, give s	treet and number)			9b. CITY	V. TOWN (OR LOCATI	ON OF DE	4/6/	13	9c COU	NTY OF D	nn.
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DIRECTOR	10a. STATE	10b. COUNTY	Y		10c. C	ITY, TOWN	OR LOCA	TION						10d. INSIDE CITY
E	Maryland	P	rince Ge	orge		Bow	rie							LIMITS?
_	10e. STREET AND NUMBER						10	r. ZIP COD	F			10a CIT	IZEN OF V	WHAT COUNTRY?
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5	11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1							NIC ORIGIN? In, Puerto R	(Specify Yaa Ican, atc.)	or No-	14, RACE Black	E — American Indian, k, Whita, etc.
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	19a. INFORMANT'S NAME (7)										er, City or Town		p Code)	
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	200, METHOD OF DISPOSITI	ION		20b. P	LACE OF DISF	OSITION (N	ame of ce	metery, cre	matory or		20c. LO	CATION	City or To	own, Steta
	1 ABuriel 2 Cremation 4 Donation 5 Donation		oval from Stata	j j	Nation	al Me	em. I	Park			Fa1	.1s (hurc	h,Va.
	21. SIGNATURE OF FUNDRAL		CENSEE .	4/1		22.	NAME A	ND ADDRE	SS OF FA	CILITY	11000	N7	TI	A C C
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32. REGISTRAR'S PIGNATURE
JUNE DAM JOON Randoll

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2+ Fours after death. Page 6 may to	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 1800 to hard completely filled in by the funeral director, page 1800 to hard completely filled in by the funeral director, page 1800 to hard completely filled in by the funeral director, page 1800 to hard completely filled in by the funeral director, page 1800 to hard completely filled in by the funeral director, page 1800 to hard completely filled in by the funeral director, page 1800 to hard completely filled in by the funeral director, page 1800 to hard completely filled in by the funeral director, page 1800 to hard completely filled in by the funeral director, page 1800 to hard completely filled in by the funeral director of the funeral director of the funeral director of the funeral director of the funeral director of the funeral director of the funeral director of the funeral director of the funeral director of the funeral director of the funeral director of the funeral director of the funeral director of the funeral director of the funeral director of the funeral director of the funeral director of the funeral director of the funeral director of the funeral director of the funeral director of the funeral director of the funeral director of the funeral director of the funeral director of the funeral director of the funeral director of the funeral director of the funeral director of the funeral director of the funeral director of the funeral director of the funeral director of the funeral director of the funeral director of the funeral director of the funeral director of the funeral director of the funeral director of the funeral director of the funeral director of the funeral director of the funeral director of the funeral director of the funeral director of the funeral director of the funeral director of the funeral director of the funeral director of the funeral director of the funeral director of the funeral director of the funeral director of the funeral dir	be ned writen 27 nous ared reads with the clare begin on regint and wentan hydrone prior to bottan, contraction, an universal, in the medical examiner must be impropriately.
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	FOR 1 . STATE	STATE OF	MARYLAN				MENTAL HYGIE		90	28780
	* REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	Matthe	7 Thoma		ICATE OF		REG. NO	D.		3. TIME OF DEATH
	matth	6 W	Liona	~ ~ ~ ~	w	polle	MONTH -	2	TOP	8.00 A
	4. SOCIAL SECURITY NUMBER 577-40-0578	5. SEX 1 7M 2		rs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. NOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) Jan. 30	1913	Countr	APLACE (State or Foreign ry)
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOWN	OR LOCATION OF OR			JNTY OF D	
HOL	8600-16th Stree	t			Silve	r Spring		Me	ontgo	omery
DIRECTOR	MD Mon	ry tgomery			y, town on Loca ver Spr					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
UNERAL	8600-16th Stree	t	10f. ZIP CODE 2091				10g. CITIZEN OF WI			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	s. armed 2 no s WW II	If yes, s		NIC ORIGIN? (Specify Y n, Puarto Ricen, atc.) /:	ea or No-	14. FIACE Black Speci	E - American Indian, k, White, etc. ify: White		
COMPLEIED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)			e. DECEDENT'S	USUAL OCCUPATI work done during m se retired.)	ON ost of working	16b. KIND OF B	USINESS/IN	DUSTRY	MILLO
	12			Secur	ity Off	icer	Natl. H	ureau	ı of	Standards
5	17. FATHER'S NAME (First, Middle, Last)					18. MOTNER'S NA	ME (First, Middle, Maide	n Sumame)		
n n	Simon Christoph	er Mollo	у	,			Ann O'Ne			
2	19a. INFORMANT'S NAME (Type/Print) Helen M. Kincai	d					Route Number, City or Rublin. Ohi			
	20a METNOD OF DISPOSITION		20b. PI	10F OF 01000	DITION AL			O 4.		own, State
	1 X Burial 2 ☐ Cremation 3 ☐ Red 4 ☐ Donation 5 ☐ Other (Specify)	noval from State	Ga1	be of H	eaven C	emetery	Si	lver	Spri	ng, MD
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	7 1			nd address of fa	ciuty 's Sons,	Inc.		
	mella	///	wel	Ao					ingto	n.D.C.20016
	23. PART I. Enter the disesses, or shock, or heart fallure IMMEDIATE CAUSE (Finel		cause on aacl	h lina.						Approximate interval Between Onset and Death
	disease or condition		Ga	STro	INTE	STINO	1 B	1000	no	
_	reeding in death)	DUE	TO (OR AS A CO	ONSEQUENCE O	F):					
N N	Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING	DUE	TO (OR AS A CO	ONSEQUENCE O	F):					
HIFICATION	CAUSE (Disease or injury thet initiated events resulting in death) LAST	DUE	TO (OR AS A CO	ONSEQUENCE O	F):					
5	PART II. Other significant condition	ne contribution	to death but	not requiting	in the underlyi	a series alves la	Sent I as una	AL ALITTORIO		b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	PART II. Other significant condition	one contributing	to death but	not resulting	III the underlyii	ig cause given in		ORMED?	240	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
N: WE										1 YES 2 NO
<u>₹</u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL			26. I	PLACE OF DEATH (Ch	neck only one)			
Z	1/□YES 2 □ NO	1 Inpatient	2 ER/Output		4 🗌 Nursing No		8 Other (Specify)			
ВУ РН	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	(Mon	th, Day, Year)	28b. TIN	JURY W	JURY AT ORK? YES 2 NO	28d. DEŞCRIBE HOV	/ INJURY O	CCURED	
	3 Suicide 6 Could not b 4 Nomicide determined	28a. PLA	E OF INJURY — Ing, atc. (Specify)	At home, farm,	street, factory, off	Ca	28f. LOCATION (Stree City or Town, Sta		er or Rural	Route Number,
COMPLETED	cool only						to the cause(a) and no time, data and place,			(a) and manner as stated.
BEC	29b. SIGNATURE AND TITLE OF CENTRE	ER Q		want -		29c. LICENSE NU		29d. O/	TE SIGNED	D (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

'90

32. REGISTRAR'S SIGNATURE
Gilla Davidson Randelle

ROBERT F. DYER,
31. DATE FILED (WOLLD'S) 190

80. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE
Julia Davidson Randell.

M.D.

		FOR STATE REGISTRAR		STATE OF I	MARYL					EALTH AND DEATH	MEN	TAL HYGIEN	E 9	0	287	81
		1. DECEDENT'S NAME (First, A	Aiddle, Last)									ATE OF DEATH		EAR 3.	TIME OF DEAT	тн
	3	ALDEN V		McD	EVITI	Γ							28.199		L:20	РМ
D)		4. SOCIAL SECURITY NUMBE	R	5. SEX		in yrs. lesi bir	440	NTHS DAY	_	IF UNDER 24 HRS.				BIRTHPL. Country)	ACE (State or Fr	oreign
	100	578-07-4093		1 XM 2 □ F		84	YRS.					NUARY 23			RYLAND	
9		9a. FACILITY NAME (If not inst					9			R LOCATION OF D	EATH		9c. COUNTY			
~	2	4609 RUSSEL		NUE				MT.	<u>RA</u>	INIER			PRINC	CE G	EORGES	
physician. burial-transit permit. Pages 1,	DIRECTOR		10b. COUNTY	1		10	10c. CITY, TOWN OR LOCATION							d. INSIDE CITY	Y	
ift.		MARYLAND	PRIN	CE GEORG	ES		MT. RAINIER						YES 2	NO		
it peri	FUNERAL	10e. STREET AND NUMBER					10f. ZIP CODE 10g. CITIZEN O					OF WHA	T COUNTRY?			
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physician burial-trai		1 Never Married 2 N		FORCES? 1	YES	2 1 NO		If yes,	, spe	city Cuban, Maxico	an, Pua		or no la	Black, W Specify:	/hita, atc.	1011,
attending se as the	ВУ	3 A Widowed 4 Divorce	ed				WHI					LTE				
Se at		15. DECEI (Specify only	DENT'S EDU highest grade			(Give I	DENT'S US kind of wor	WAL OCCUP	ATIO	N at of working		16b. KIND OF BUS	SINESS/INOUS	TRY		
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the hospital detached for	N N	17. FATHER'S NAME (First, Mid	idle, Last)			FORE	LIZZIN	PIERKI	1		AME (Fi	rst. Middle, Maiden	Surname)			
# E E	U U		cDEVI	TT						MINNIE	E V.	ESPENS	SHIED			
retained 5 should notified	m	19a. INFORMANT'S NAME (Typ.	oe/Print)			19b. M	AILING A	DDRESS (Stre	eet ar	nd Number or Rural				de)	20782	
9 9 6	임	KATHLEEN M.	MERKL	(11111111111111111111111111111111111111					HAPEL RO	DAD	HYATTS	SVILLE,	MAI	RYLAND		
1 8 g		20g, METHOD OF DISPOSITION 1 A Burlal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometer); crematory or other place) FORT LINCOLN CEMETERY BRENTWOOD MARYLAND														
Page 6 al directo		4 Donation 5 Other (THIRT A	_ F(ORT L	INCOI	-		TERY D ADDRESS OF F			TWOOD,	MAI	RYLAND	
death. funera		▶ WILL	FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W. SIL.SPR., MD. 2									0901				
E 3 E a		23. PART i. Enter the dis					h. Do not								Approxim	nste
D O E		shock, or heert fallure. List only one cause on each line. IMMEDIATE CAUSE (Finel									Interval E Onset an					
within 24 npletely fille cremation,		disease or condition								2 WE	EKS					
		DUE TO (OR AS A CONSEQUENCE OF):														
executed and corr to burial, matic events	8	Sequentielly list condition				HROSIS									3 WE	EKS_
S or is be	Ě	If sny, leeding to immed cause. Enter UNDERLYIN	IG			TUMOR,		INARY							1 YEA	ΛD
nding phy Hygiene p	필	CAUSE (Diseese or injur that initieted events				CONSEQUE									1 114	
P Type	CERTIFICATION	resulting in deeth) LAST		d						<u>.</u>					-	
0 6 5 5		PART II. Other significen	nt condition	ns contributing to	deeth b	out not ree	ulting in	the under	lying	ceuse given in	n Part	i. 24s. WAS AN			ERE AUTOPSY I	
	1 (5)	CORONARY I	NSUFF:	ICENCY,	RECEI	NT CEF	REBRA	AL IN	AI	RCTION		t YES :	37	0	VAILABLE PRIDE	
requires thateen signed of Health a	MEDIC	HEMIPLEGIA													F DEATH?	NO NO
has been bept. of h																
N: The tancate has State De Item 2	SICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEOICAL	HOSPITAL:				20THER:	6. PL	ACE OF OEATH (C	check on	ly one)				
CIAN: ertification the St.	IXSI	1 TYES 2 NO		1 Inpatient 2			DOA 4	☐ Nursing	_	e 5 🗌 Residence	_					
NG PHYSICIAN: The law requires that feer this certificate has been signed by eath with the State Dept. of Health an marked, or Item 23 shows any	РНУ	27. MANNER OF DEATH 1 Netural 5 F	Pending	28a. DATE O (Month,	Day, Year)	2	28b. TIME	YY Y	WO	URY AT RK? (ES 2 NO	28d.	DESCRIBE HOW	INJURY OCCU	RED		
After death		2 Cutotde	rvestigation	26a. PLACE	OF INJURY	Y — At home	, farm, str	-	_		281.	LOCATION (Street	and Number or	Rural Rou	rte Number,	
TTEN TOR:			Could not be letermined	building	, etc. (Spe	olfy)						City or Town, State)			
DIR DIR	Ë	29a. CERTIFIER 1 CERTI	FYING PHYS	ICIAN: To the best of	of my know	vledge, death	occurred	at the time.	dete	and place, and du	us to the	e cause(a) and me	enner as stated			
로 글 로 프	3	one)		ER: On the basis of											ind manner as	stated.
TO THE HOSPI' TO THE FUNER DE filed within	ŭ	29b. SIGNATURE AND HILE	OF CERTIFIE	100	110	1				29c. LICENSE NU	UMBER		29d. DATE S	IGNEO (A	fonth, Day, Year	r)
THE THE PORT) BE	un	my	Popular		γ.				A 6759)		•	9/28	3/90	
FFD	임	80. NAME AND ADDRESS OF	PERSON WI	O COMPLETEO CAI	USE OF DE	EATH (ITEM 2	27) (Type, P	rint)								

5530 WISCONSIN AVENUE CHEVY CHASE, MARYLAND

DHMH-1S Rev 1/89

STATE OF	MARYLAND	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	C	EDTIFICATE	OF DEA	TH		DEC NO

	1 - STATE REGISTRAR	TATE OF MARYLA	ND / DEPARTM CERTIFICA			MENTAL HYGIEN REG. NO.	90	28782
	1. DECEDENT'S NAME (First, Middle, Last)	etta E./	MALTI	5		2. DATE OF DEATH	3-90	AR 3. TIME OF DEATH
15		SEX 8. AGE (In	yrs. last birthday) IF I	INDER 1 YEAR THS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month/Dey, Year)	- 0	MRTHPLACE (State or Foreign Country) ASHINGTON, D.C.
	9a. FACILITY NAME (If not institution, give street a	and number)	/		R LOCATION OF DE	ATH	9c. COUNTY	OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	ial Hosi		WN OR LOCAT	erda	12	FFIN	10d, INSIDE CITY
_ 1	MD Prince	e Geor	2.4		Sville	7		LIMITS?
FUNERAL	100. STREET AND NUMBER	PARKWI	44	101.	2 07	82	10g. CITIZEN	OF WHAT COUNTRY? USA
- 1	To the second second	WAS DECEDENT EVER IN IT FORCES? 1 YES IF YES, GIVE WAR OR DAT		If yes, spe		IIC ORIGIN? (Specify Yearn, Puarto Ricen, atc.)		RACE — American Indian, Black, Whita, etc. Specify:
בה פ	15. DECEDENT'S EDUCATIO	ON Cleaned	16a. DECEDENT'S USU. (Give kind of work	AL OCCUPATIO	N d of unadden	18b. KIND OF BUS	INESS/INDUST	WhITE
		ollege (1-4 or 5+)	SECRETARY	ired.)	a or working	UNIVERSI	TV OF I	MADVIAND
Comp	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden		LEAND
	KARL GUBISCH				EMMA ·	KOENIG		
5	19a. INFORMANT'S NAME (Type/Print)	- (D.)				Route Number, City or Tow		777
	ROSEMARY M. WRESCHI) 3908 CZ PLACE OF DISPOSITIO		ON DRIVE	HYATTSVI		
	1 N Burial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State	other place) GATE OF HI				CATION — City VER SPI	RING MARYLAND
- 1	21. SIGNATURE OF FUNERAL SERVICE LICENT	1000			D ADDRESS OF FA	CILITY LLINS FUNE	מאן שמו	ME INC
	S complex	Mas 5	7					PR. MD. 20901
٦	23. PART I. Enter the diseases, or companies abock, or heart fallure. List							
	iMMEDIATE CAUSE (Finei disease or condition	Myper	Med	10	farc	tion		Onset and Death
	resulting in death) a	DOE TO (OR AS A	CONSEQUENCE OF):	0	1	19.4.		Minutes 10 Years
HIFICATION		DUE TO (OR AS A	CONSEQUENCE OF):	z a	POIOVA	ICUAL D	13 24	16 1913
2	CAUSE. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):					
CER	resulting in death) LAST							
AL.	PART ii. Other significant conditions co					Part i. 24s. WAS AN PERFOI		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDIC	Diabetes Me	Mitoc,	My pe	4Tel	11100	1 _ YES 2	NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
2						_		1 (YES 2 NO
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL: V	1		ACE OF DEATH (Ch	eck only one)		
2	1 XYES 2 NO 10	Inpatient 2 ER/Outpa		THER: Nursing Hom	e 5 🗆 Residence	8 - Other (Specify)		
7	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF		RK?	28d. DESCRIBE HOW	NJURY OCCUR	ED
D 67	2 Accident Investigation 3 Suicide a Could not be	28a. PLACE OF INJURY - building, etc. (Specif	— At home, farm, stree			28t. LOCATION (Street City or Yown, State,		Rural Route Number,
<u>п</u>	4 Homicide determined							
COMPLEIED	one)	N: To the best of my knowle on the besis of examination						nuse(a) and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER	Den	He Me	dical	29c. LICENSE NUI	MBER	29d. DATE SI	GNED (Month, Day, Year)
0 85	Reula Nevneh	1 5	Kamin	24	2018	P52	19-	28-90
	90. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Prili	Pensk	Uty Rd	Hyatt-	Sville	MD 20781
- 1	31. DATE FILED (Month, Day, Year)	32. HEGISTRAR'S SIGNA	NON Pandole	_				

1914 (1

HERMETTER

		FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC				HYGIENE REG. NO.	28783
	TRE	1. DECEDENT'S NAME (First, Middle, Last) Relly	Lorraine	Mason			2. DATE OF MONTH	DAY Y	3. TIME OF DEATH
(P)	100	4. SOCIAL SECURITY NUMBER Not Applicable	5. SEX 6. AGE	(In yrs. lest birthday)	F UNDER 1 YEAR ONTHE DAYS	IF UNDER 24 HRS. HOURS MIN. 2 /5	7. DATE OF (Month, D	BIRTH 8. ay, Year)	BIRTHPLACE (State or Foreign Country)
	H.	9s. FACILITY NAME (If not institution, give s	treet and number)	9	. 200	OR LOCATION OF DE		9c. COUNTY	Y OF DEATH
Se St. Francis	ECTOR	HOLY Cross HO RESIDENCE OF DECEDENT 108. STATE 10b. COUNTY	ospero-I		TOWN OR LOCAT		man	(lad) No	10d. INSIDE CITY
permit. Pages	AL DIRE	None No	ne	WA		LZIP CODE	DC	10g. CITIZE	1 PYES 2 □ NO N OF WHAT COUNTRY?
sit	FUNERAL	137 P ST	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DEC	20001	HC ORIGIN? (S		ted States
3146 ling physician. the burial-trar	BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 TYES	2 1 NO	If yes, sp	ectly Cuben, Mexica 2.2.2MO Specify	n, Puerto Rica		Specify: Black
203- r attend use as	ETED	15. DECEOENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16e. DECEDENT'S US (Give kind af work life. Do NOT use in	k done during mo	ON out of working	16b. Kil	NO OF BUSINESS/INDUS	STRY
	COMPLET	O 17. FATHER'S NAME (First, Middle, Last)		Not Apr	olicabl			Iot Applica	able
MARYLAND e retained by the hosp s 5 should be detached notified at once.	BE C	Steven Mason		AND MARI MAC AN	DODGGG (Street	Genevi	eve W	illiams City or Town, State, Zip Co	ada)
0 0	2	Genevieve Willia		137	P Stree	t,N.W.,W		gton,D.C.	20001
ALTIMORE, I teath. Page 6 may be funeral director, page xaminer must be		20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Rem 4 Donation 5 0 Our (\$2500)	P	ne PLACE OF DISPOSITI other place) letropolita	an Crem	natory		Alexand	* F T CO T CO T T T T T T T T T T T T T T T
BALTIMORE, R er death. Page 6 may be the funeral director, page 8 val.		ST SIGNATURE OF HANBOUT SENVICE IN				NO ADDRESS OF FA		N 11 11-1	nington,D.C.
urs after in by the removal		23. PART I. Enter the diseases, or shock, or heart failure.							st, Approximate
			Elot Offis one cades on	Cacil Mile.					Intarval Batween
7 3 5		IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Extreme	immate	unity	(18 wed)	54 gro-	otation)	Onset and Death
46, ompletely il, crematile event, ti	N	disease or condition resulting in death)	a. Extreme	,	wite	(18 wel)	ks og	otofian)	Onset and Death
be executed within 2 cian and completely for to burial, crematil raumatic event, ti	CATION	disease or condition resulting in death) Sequentielly list conditions, if emy, leading to immediate cause. Entar UNDERLYING	B. DUE TO (OR AS	A CONSEQUENCE OF):	wen'teg	(18 web)	ks og	ns otation)	Onset and Death
. O. BOX 13146, h. pertificate be executed within 3 anding physician and completely Hygiene prior to burial, cremate or other traumatic event, til	ERTIFICATION	disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate	B. DUE TO (OR AS	A CONSEQUENCE OF):	white,	(18 wel)	ks og	otafia.	Onset and Death
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TAL RECORDS, P.O. BOX 13146, The law requires that the death certificate be executed within 3 ten has been signed by the attending physician and completely ate Dept. of Heath and Mental Hygiene prior to burial, cremative 23 shows any Injury, or other traumatic event, til	MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in daeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 XNO	b. OUE TO (OR AS c. DUE TO (OR AS d.	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in	26. P	ng cause given in	Part I. 24	Na. WAS AN AUTOPSY PERFORMED? YES 2 NO	Onset and Death 2 L 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
OF VITAL RECORDS, P.O. BOX 13146, PHYSICIAN: The law requires that the death certificate be executed within 5 this certificate has been signed by the attending physician and completely n with the State Dept. of Health and Mental Hygiene prior to burial, cremate inked, or item 23 shows any Injury, or other traumatic event, til	PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in daeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	a. DUE TO (OR AS b. OUE TO (OR AS c. DUE TO (OR AS d	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in	26. P DTHER:	ng cause given in	Part I. 24 1 neck only one) 5 □ Other (S	Na. WAS AN AUTOPSY PERFORMED? YES 2 NO	Onset and Death 2 k 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
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DIVISION OF VITAL RECORDS, P.O. BOX 13146, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 5 DIRECTOR: After this certificate has been signed by the attending physician and completely nours after death with the State Dept. of Health and Mental Hygiene prior to burial, crematitem 28 is marked, or item 28 shows any Injury, or other traumatic event, til	ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in daeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 XNO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 29 Accident Could not be determined 29c. CERTIFIER (Check only)	a. DUE TO (OR AS b. OUE TO (OR AS c. DUE TO (OR AS d	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in tipatient 3 □ DOA 14 (28b. TIME (NJUF TY — At home, farm, streedly)	26. P THER: Numbing Hon North W M 1 eet, factory, office at the time, date	PLACE OF DEATH (Charter of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the	Part I. 24 1 1 Other (S 28d. OESCF 26f. LOCATI City or	Ita. WAS AN AUTOPSY PERFORMED? VES 2 NO Specify) NIBE HOW INJURY OCCU ON (Street and Number of fown, State)	Onset and Death 2
DIVISION OF VITAL RECORDS, P.O. BOX 13146, THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 3 THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremate PORTANT: If Idem 28 is marked, or Item 23 shows any Injury, or other traumatic event, til	BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in daeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 XNO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 4 Homicide 6 Could not be determined 29b. 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TIME (NJUF TY — At home, farm, streedly)	26. P THER: Numbing Hon North W M 1 eet, factory, office at the time, date	PLACE OF DEATH (Charter of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the	Part I. 24 1 1 S Other (S 28d. OESCP 28f. LOCATI City or	Ita. WAS AN AUTOPSY PERFORMED? YES 2 NO ON (Street and Number of Rown, State) (e) and manner as stated at place, and due to the	Onset and Death 2 L 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
DIVISION OF VITAL RECORDS, P.O. BOX 13146, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 5 DIRECTOR: After this certificate has been signed by the attending physician and completely nours after death with the State Dept. of Health and Mental Hygiene prior to burial, crematitem 28 is marked, or item 28 shows any Injury, or other traumatic event, til	BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in daeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29. CERTIFIER (Check only one) 2 MEDICAL EXAMINITY	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO	A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF: Dut not resulting in statement 3 □ DOA 6 (1 28b. TIME (1 N.J.) TY — At home, farm, strength) Wedge, death occurred ion and/or investigation,	26. P THER: Number Hon No M 1 act the time, date in my opinion, of	PICACE OF DEATH (Chime 5 Residence JURY AT ORKY YES 2 NO ce e and place, and due death occured at the	Part I. 24 1 1 S □ Other (S 28d. OESCF 26f. LOCATI City or to the cause	Specify) NIBE HOW INJURY OCCU ON (Street and Number of Town, State) (e) and manner as stated ad place, and due to the	Onset and Death 2 k 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO REO REO RURAL Route Number, 1. cause(a) and manner as stated. SIGNED (Month, Day, Year) 1 7 7 0

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		FOR STATE REGISTRAR	STATE OF M	ARYL		TMENT OF I	HEALTH AND		YGIENE EG. NO.	90	28784
		1. DECEDENT'S NAME (First, Middle, Last)						2. DATE DF DI	EATH DAY	YEAR	3. TIME DF DEATH
		Jane A.	McNiff					SEP	24	1990	4:30 A M
, P	1	4. SOCIAL SECURITY NUMBER	5. SEX 1 M 2 XXE		n yrs. last birthday) 7 9 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BII (Month, Day,	Year)	Countr	
/å		432-14-7973 9a. FACILITY NAME (If not institution, give str			72 YRS.	AL OUTY TOWAL	DR LOCATION OF D			8 Ark	
3 8	Œ					10			0.0		
.2	ECTOR	23420 Pleasant TRESIDENCE OF DECEMENT	view Lane			Gai	thersburg	3		Montgo	mery
sões	REC	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN DR LOCA	TION				10d. INSIDE CITY LIMITS?
nit. P	PIN .		tgomery			Gaithe					1 TES 2 XND
physician. burial-transit permit. Pages	FUNERAL	10e. STREET AND NUMBER				10	r. ZIP CODE				WHAT COUNTRY?
ian. transi	N	23420 Pleasant V:	LEW Lane 12. WAS DECEDENT	EVED IN	ILLE ADMED	40 340 05	20882 CENDENT OF HISPA	NIC CRICING 60-		nited	States - American Indian,
physician. burial-trar		1 Never Married 2 Married	FDRCES? 1 [YES	2 K NO	if yes, s	pecify Cuban, Maxic 3 2 XXIO Speci	en, Puerto Ricen,	atc.)	Black	c, White, stc.
	BY	3 Widowed 4 Divorced	IF 120, GIVE 10	AN ON DA	41 63	1 1 12	s z <u>M</u> Veo speci	ry.		Speci	White
or attending r use as the	9	15. DECEDENT'S EDUC (Specify only highest grade of			(Give kind of	USUAL OCCUPATI	ON ost of working	16b. KIND	OF BUSINES	S/INDUSTRY	
for u	E	Elementary/Secondary (0-12)	College (1-4 or 5+)		Ille. Do NOT u	se retired.)					
the hospital of detached for once.	COMPL	17. FATHER'S NAME (First, Middle, Last)	4		Adminis	trative				ernmen	t
by the hore be detact		Guy Leroy Adams						AME (First, Middle,			
should t	BE	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Street	and Number or Rural	A Viela			
5 0	2	Gerard L. McNiff	=			,					Md. 20882
ay be		20a_METHOD OF DISPOSITION		20b	PLACE OF DISPO		metery, cremetory or			N — City or To	
9 8 2		\$\textsup \textsup al from State	Ga	other place) ate of H				Silve	r Spri	ng, Marylan	
. Page ral direc		21. SIGNATURE ON FUNERIAL SERVICE LICE	EMSEE			22. NAME A	NO ADDRESS OF F	ACILITY De	Vol Fu	neral 1	Home
death. Pag funeral dis I. examiner		· Tail	apan _				10 Eas	st Deer	Park l	Drive	0077
nours after of ed in by the or removal.		23. PART I. Enter the diseases, or c	omplications that	caused	tha daath. Do	not anter tha m	oda of dying, au	ch aa cardlac	or reaplrator	y arrest,	Approximata
filled In on. or re		shock, or heart fallure, I	lst only one eau	se on a	ech ilna.						Onset and Death
		disease or condition resulting in death)	1Kes	bu	ulore	tai	Viero				2 year
completely tal, crematic e event, t		Touching in Castily	PUE JO	OR ASA	CONSEQUENCE C	7	0	11			
executed and corr to burial, matic ex	Z	Sequentially list conditions,	Oven	uceu	COMMEQUENCE O	monas	luce j Em	payse	una		1940
or ian	CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DOE 10 (OH AS A	COMMEDIUENCE C	F):	,				
ertificate ing physi rgiene pri	FIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE D	f):					
eath certific attending ph ntal Hygiene Y, or other	H	reaulting in death) LAST									
		PART II. Other algorificent conditions	o contribution to	dooth h	ut ant moulting	In the condense.	en anuas alvas la	Deed I are		nev I eu	
# 6 5	SAL		luvece		ut not resulting	in the underlyii	ng caluse given in	1 Part I. 24a.	PERFORMED		AVAILABLE PRIOR TO COMPLETION OF CAUSE
후 글 등 후	MEDIC	- con pa	munico					10	YES 2 TH	16	OF DEATH?
8 8 6 6	1										1 YES 2 ND
has the	ICIAN	25. WAS CASE REFERRED TO MEDICAL				26, 1	PLACE OF DEATH (C	heck only one)			
SICIAN: The certificate har the State D	SIC	EXAMINER?	HOSPITAL:	ER/Outp	patient 3 DOA	OTHER:	me 5 M Residence		nclfv)		
ATTENDING PHYSICIAN: ECTOR: After this certificals at after death with the Siz n 28 is marked, or it	PHY	27. MANNER OF DEATH	28s. DATE OF (Month, Da	INJURY	28b. TII	1E DF 28c. IN	JURY AT	T	E HOW INJUR	Y OCCURED	
NG PHYS fter this sath with marked	ВУ	1 Natural 5 Pending 2 Accident Investigation	(Moran, po	лу, 1001/			YES 2 ND				
R: After er death	ED	3 Suicide 8 Could not be	26a. PLACE Of building,	F INJURY	— At home, ferm,	street, factory, off	ce	281. LOCATION City or Tox	N (Street and No wn, State)	umber or Rural	Route Number,
OR ATTEN DIRECTOR: nours after tem 28 I	ETE	4 Homicide determined									
	PL	(Critical Crity	CIAN: To the best of	my know	ledge, death occur	red at the time, dar	and place, and du	e to the cause(a)	and manner a	es stated.	
HOSPITAL FUNERAL WITHIN 72	COMPL	2 MEDICAL EXAMINE	R: On the basis of ex	aminatio	n and/or investigati	on, in my opinion,	death occured at th	e time, data and	place, and due	to the cause(s	i) and manner as stated.
TO THE HOSPITAL TO THE FUNERAL Be filed within 72 IMPORTANT: II	BE (29b. SIGNATURE AND TITLE OF CEREFIEE	1100-		110		29c. LICENSE NO	JMBER	29d	. DATE SIGNED	(Month, Day, Year)
5 5 3 M	01	30, NAME AND ADDRESS OF PERSON, WHI	KOUCH		ATH (ITEM 27) (Typ	- Deleas	W064	45		7/2	1/90
15		Robert C. Ma	ican. H	(, <u>I</u>	2.809	lievs M	till Rd.,	Kocki	رمالار	Md	20851
		31. DATE FILED (Month, Day, Year) 90	32. REGISTRA	R'S SIGN	dison-Rand	202-					

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

28785 90

	1 - STATE REGISTRAR		C	ERTIF	ICATE C	F DEAT	Н	RE	EG. NO.		20	20100
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF D	EATH		W-1-5	3. TIME OF DEATH
	William A. Mona	ahan						SEP	25	, 19	90	9:15 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. I	last birthday)	IF UNDER 1 YE	IR IF UNDER 2	4 HRS.	7. DATE OF BI	PITH		8. BIRTH	PLACE (State or Foreign
	089-09-0966	1XXM 2 □ F	82	YRS.	MONTHS DA	S HOURS	MIN.	Month, Day,		907	Country	land
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TO	VH OR LOCATION					NTY OF DE	
6												
6	9673 Brassie Way				Gai	thersb	urg			Mon	tgom	ery
Ĕ	10a. STATE 10b. COUNTY	1		10c. CITY, TOWN OR LOCATION					10d. INSIDE CITY			10d. INSIDE CITY LIMITS?
DIRECTOR	Maryland Mo	ntgomery			Gait	hersbu	rg				- 1	1 TES 2 X NO
AL	10e. STREET AND NUMBER					101. ZIP CODE				10g. CIT	ZEN OF W	HAT COUNTRY?
FUNERAL	9673 Brassie Wa	У				20879	9			Un	ited	States
5	11. MARITAL STATUS	12. WAS DECEDEN	EVER IN U.S.	ARMED		DECENDENT OF				or No—	14. RACE	— American Indian, , White, atc.
	1 Never Married 2 Married	IF YES, GIVE W	XXYES 2 AR OR DATES	NO		, specify Cuban YES 2 💢 NO		Puerto Rican,	, atc.)		Specif	v:
B√	3 Widowed 4 Olvorced		WW II									White
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)		(Give kind of	USUAL OCCUI	ATION most of working	7	16b. KINI	OF BUS	INESS/INC	JUSTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5 s)	ile. Do NOT u	se retired.)		,					
₽ I	12		Car	go Sp	eciali	st		U.S	. Go	vern	ment	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)							E (First, Middle	, Malden S	Surname)		
BE	Michael Monahan					Ma	ary I	Lally				
2	19a. INFORMANT'S NAME (Type/Print)					eet and Number o	or Rural Ro	oute Number, Co	ity or Town	, State, Zip	Code)	
F	Susan S. Monahan	l .		Same	as #10							
	20a, METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Rem	oval from Stata	other	place)		f cemetery, crema			20c. LOC	CATION —	City or To	wn, Stata
	4 Donation 5 Other (Seacity)	-	Nor	beck		al Park			01n	ey,	Mary:	land
	21, BIGHATURE OF FUNERAL SERVICE LIC	ENSEE			22, NAN	E AND ADDRES		ILITY De	Vol	Fune	ral	Home
	1 Tank	Adam		_		10 East Gaither					0077	
	23. PART I. Enter the diaeasea, or	come ications the	t caused the	death. Do								Approximate
	ahock, or heart failure.											interval Between
	IMMEDIATE CAUSE (Finel diaease or condition											Onset and Death
	reaulting in deeth)	a. Metas	tic Ade	enoid	Cystic	_Carci	noma	of th	e Hy	poph	arnx	2 yrs.
		DOE 10	(On AS A CONS	SEGUENCE O	rj.							
CERTIFICATION	Sequentielly list conditione,	b	(OR AS A CONS	SEQUENCE O	in:							-
AT	If any, leading to immediate cause. Enter UNDERLYING				,							
윤	CAUSE (Diseese or injury that initiated events	C. OUE TO	(OR AS A CONS	SEQUENCE O	F):							
E	resulting in death) LAST											
CE		d										+
	PART II. Other significent condition	e contributing to	deeth but no	t reculting	in the under	iying cause g	iven in P	Part I. 24s	. WAS AN	AUTOPSY MED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
DICAL								1 [YES X	No		COMPLETION OF CAUSE OF DEATH?
								_				1 - YES 2 - NO
ä												
ZIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					8. PLACE OF DE	EATH (Chec	ck only one)				
SIC	1 YES 2 140	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER:	Home 5 KRas	eldenca 8	Other (Sp.	ecify)			
PHYSICIAN: ME	27, MANNER OF OEATH	28a. DATE OF (Month, E		28b. TIR	ME OF 28	INJURY AT WORK?		28d. DESCRIE	BE HOW II	NJURY OC	CURED	
BY F	1 Accident 5 Pending Investigation	(Working D	ay, roary	99		YES 2	NO					
	3 Suicide 6 Could not be	28e. PLACE C	F INJURY — At atc. (Specify)	home, farm,	street, factory,	office		26f. LOCATIO	N (Street a	and Numbe	r or Rural I	Route Number,
TEI	4 Homicide detarmined		una (opouny)					ony or 10	wit, Otalo)			
1	29a. CERTIFIER	ICIAN: To the best of	my knowledge.	death occur	red at the time.	data and place.	and due to	o the cause(a	and mar	ner as ats	nted.	
COMPLETED	(Check only one) 2 MEOICAL EXAMINI											e) end manner as stated.
	29b. SIGNATURE AND TITLE OF, CERTIFIE			2000			NSE NUME					
BE	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s)				100	TO L	DI		≥90. DA	PA	(Month, Day, Year)
2	NAME AND ADDRESS OF PERSON WE	O COMPLETED CAU	SE OF DEATH OF	TEN 37 (5~	e Print)	100	12	27			1 20	170
1	O NO.	// //	N III	1000	Di	1016 10	LAA	w a) N7 W	VII		MA LORTO
	31. DATE FILED (Month, Day, Year)	32. REGISTR	R'S SIGNATURE	200	IHX	10/4/31	-	A IC	JUL	1116	C	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within extracted after death. Page 6 may be retained by the hospital or attending physic	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buria		
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Г		FOR STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	STATE OF M		ERTIF	ICATE (OF DEATH	2. DATE	REG. NO.		3.	28786
	- (1)	Mattie S	. Maxi	//	110111			MONT	25		EAR /	785 PM
DI	1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. k	ast birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS	7. DATE	OF BIRTH	/	BIRTHPLA	CE (State or Foreign
-	1	215-62-5296	1 🗆 M 2 💢 F	89	YRS.	MONTHS DA	YS HOURS MIN.	(Monti	130/c		Country) Ill	inois
	4	9e. FACILITY NAME (If not institution, give	street and number)			9b, CITY, TO	WN OR LOCATION OF	DEATH	75070	9c. COUNT		
12.3	TOR	4202 GUNE	+ Dr.	Middletown						Fre	leri	ck.
buna-transit permit. Pages	DIRECTOR	10a. STATE 10b. COUN	y gomery		10c. CITY, TOWN OR LOCATION Bethesda					10d. INSIDE CITY LIMITS?		
THE LE	AL C	10e. STREET AND NUMBER				-	10f. ZIP CODE	_		10a CITIZE		YES 2 NO
er pe	RA	7211	Exfair Ro	oad				0814			J.S.A	
-tran	FUNER	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGI					or No 14	RACE -	American Indian.
Duria	- 11	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	YES 2XX		If yo	s, specify Cuben, Max	ican, Puarto	Rican, stc.)		Black, W	
e e	B	3 Widowed 4 Divorced	11 100, 0112 11	AN ON DATES	1 TYES 2XXNO Specify.			спу:			Specify:	White
use as	G3	15. DECEDENT'S ED (Specify only highest grad	UCATION te completed)	16a, D	ECEDENT'S	USUAL OCCU	PATION g most of working	16b	. KIND OF BUS	INESS/INDUS	TRY	
ע יפר	E	Elementary/Secondary (0-12)	College (1-4 or 5+	- 46	le. Do NOT u	se retired.)	g most or working					
00	P		4+		T	eacher			P	ublic	Scho	ol
once.	COMPL	17. FATHER'S NAME (First, Middle, Last)							Middle, Malden	Surname)		
9 TE	BE	George		Span	rks		Mi	nnie	Wale	tta		Crain
notified	0	19a. INFORMANT'S NAME (Type/Print)				eet and Number or Rui						
be no	- 1	Thomas E. Maxwel									0850	
st pa		20s. METHOD OF DISPOSITION XX Buriel 2 Cremetion 3 Rec	movel from State	other i	place)		of cemetery, crematory			CATION — CIt		
rector, p		4 Donation 5 Other (Specify)							_		irginia	
e runeral on L. examiner		21. SIGNATURE OF FUNERAL SERVICE L	22 NAME AND ADDRESS OF FACILITY PUMP Funeral Home									
ure runeral offector, wal. al examiner must		21. SIGNATURE OF FUNERAL SERVICE LICENSEE M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00522 M00										
SE S		23. PART I. Enter the diseases, or	complicatione that	t caused the d	leath. Do	not enter the	mode of dying, e	uch ee can	diec or reapli	ratory arres	t,	Approximate
		ahock, or heart fellure IMMEDIATE CAUSE (Finel	. Liet only one ceu	ise on each iir	16.							Interval Between Onset and Death
cremation.		disease or condition										
		resulting in deeth)		(OR AS A CONS			S.CEC.					
burial,	z											
0 60 1	CATIO	Sequentially list conditiona, if any, leading to immediate	DUE TO	(OR AS A CONS	EQUENCE O	HF):						
prior	8	cause. Enter UNDERLYING CAUSE (Disease or injury	G.									
ntal Hygiene prior to y, or other traun	RTIF	that initiated events	DUE TO	(OR AS A CONS	EOUENCE O	NF):						
F F	ER	resulting in death) LAST	d									
Mental njury, o	0	PART ii. Other algnificent condition	one contributing to	death but not	resulting	in the under	lving ceuse given	in Part I	24a, WAS AN	ALITOPRY	24b WE	RE AUTOPSY FINDINGS
0 -	MEDICAL	Tennon	Actor to	. C	· · · · · · · · · · · · · · · · · · ·	iii die dilaci	lying couse given		PERFOR		AM	AILABLE PRIOR TO
ealth an	ā	Venio di	4 10 11	,					1 TES 2	NO		DEATH?
shows		1,000					1[YES 2 NO				
100	A I	25. WAS CASE REPERRED TO MEDICAL	2576									
the State	SICIAN:	EXAMINER? HOSPITAL: OTHER:										
of the	14S	27. MANNER OF DEATH	1 Li Inpatient 2 Li 28a. DATE OF		3 DOA	4 Nursing	Nome 5 Residen			N HIEV ACCU	DED	
Ke With	PHY	1 Natural 5 Pending	(Month, D		IN.	JURY M 1	WORK?	200. DE	SCRIBE HOW IF	NOON! ULCU	nev	
	ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28a PLACE O	F INJURY — At I	nome, farm.			28f. LOC	ATION (Street a	nd Number or	Rumi And	e Number
28 L	COMPLETED	4 Homicide 8 Could not be determined		etc. (Specify)					or Town, State)			
Hours	PLE	29a. CERTIFIER (Check only	SICIAN: To the best of	my knowledge,	death occur	red at the time,	date and place, and	dua to the ca	use(a) and man	mer as stated		
7 11	OM	one) _	NER: On the basis of a									d manner ea stated.
A within 72 h	- 1	296. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)										
EI	III III	Address Address street or owning									STORAFFE CIAN	onth, Day, Year)

12. REGISTRAR SIGNATURE
Line Davidson Mandall

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z-mours after death. Page 6 may be retained by	TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should by	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified a
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KRISHAN MATHUR, M.D. CHARLES

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)

OCT 0 4 '90

ŀ	FOR STATE REGISTRAR	STATE OF M	IARYL		DEPARTI				MEN	TAL HYGIENI REG. NO.		90	28787		
1	1. DECEDENT'S NAME (First, Middle, Le GEORGIA		N.M.N. MEGAS						2. DATE OF DEATH MONTH OCTOBER 2.1999 11:35A						
	4. SOCIAL SECURITY NUMBER 500-24-3403	5. SEX 1 M 2 F	6. AGE	(In yrs. las				IF UNDER 24 HRS. HOURS MIN.	7. 0/	ATE OF BIRTH 100th, Day, Year) 7/04/19	902	HPLACE (State or Foreign ry) .ece			
Â	98. FACILITY NAME (If not institution, give street and number) PHYSICIANS MEMORIAL HOSE				96. CITY, TOWN OR LOCATION OF LA PLATA				ATH		DEATH S				
W.	nesidence of decedent 100. STATE 100. COL			10c. CITY, TOWN OR LOCATION Hughesville						10d. INSIDE CITY LIMITS? 1 YES 2 K NO					
	100. STREET AND NUMBER 525 Charles Street				10f. ZIP CODE 20637						WHAT COUNTRY?				
	11. MARITAL STATUS 1 Never Married 2 Married FORCES? 1 YES IF YES, GIVE WAR OR D				N U.S. ARMED 13. WAS DECENDENT OF HISI 14 yes, specify Cuban, Max				can, Puerto Rican, atc.)				e. RACE — American Indian, Black, White, etc. Specify: White		
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)			(G	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Homemaker					166. KIND OF BUSINESS/INDUSTRY					
	12 17. FATHER'S NAME (First, Middle, Last) Nicholas Georgiakop				18. MOTHER'S NAME (First,						At Home irst, Middle, Maiden Surmeme) eorgiakopoulos				
	198. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Nancy Megas 525 Charles Street, Hughesville, N									p Code)					
	20e. METHOD OF DISPOSITION 1 Ruriel 2 \(\)						of cem	etery, crematory or		20c. LOCATION — City or Town, State Clinton, Md.					
	22. NAME AND ADDRESS OF FACILITY Arehart Funeral Home, Inc. P.O. Box 56														
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, abook, or heart feiture. List only one cause on each line. AMPEDIATE CALLER (Start)														
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):										3 mor				
	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST b. On CONTrolled Pain. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.														
	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO									b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:														
ı	1 U YES 2 7 NO	1 Impatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other													
	1 Natural 5 Pending (Month, Day, Year)					ME OF JURY AT WORK? M 1 YES 2 NO				28d. DESCRIBE HOW INJURY OCCURED					
	4 Homicide determine	Homicide datermined datermined City or rown, State)								er of Hural	rioute Number,				
	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of axamination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated.														
	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) 10-2-90														
1	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAL	SE OF O	EATH (ITE	M 27) (Type, F	Print)									

PROF, CTR, # 200 WALDORF, MD.

Edition of

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1 - STATE REGISTRAR	OIAIL OI I	CE		ICATE				RE	G. NO.	_			
	1. DECEDENT'S NAME (First, Middle, L	.ast)							2. DATE OF D	EATH			3. TIME OF DEATH	
7	GALEN	TBLE MEDLEY					- 1	9 30			90	Ам		
3	4. SOCIAL SECURITY NUMBER	5. SEX	5. SEX 8. AGE (In yrs. las					24 HRS.	7. DATE OF BIRTH				IPLACE (State or Foreign	
3	220-72-5921	1 🔀 M 2 🗆 F	1 🔀 M 2 □ F 26		YRS. MONTHS DAYS		HOURE MIN.		APRIL 8,196		964	64 MARYLAND		
3	9e. FACILITY NAME (If not institution, give street and number)				9b. CITY, TO	OWN OF	LOCATIO	N OF DEA		- , -		NTY OF D		
DIRECTOR	Physician's Memorial Hospital La Plata Charles												les	
E	10e. STATE 10b. CO	10c. CIT	Y, TOWN OR	LOCATI	ON						10d. INSIDE CITY			
5	MARYLAND C		INDIAN HEAD							1XXYES 2 NO				
	10e. STREET AND NUMBER			10f.	ZIP CODE				10g. CIT	IZEN OF V	VHAT COUNTRY?			
FUNERAL	#23 DALE DRIVE				206	640			UNIT	ED S	TATES			
3	11. MARITAL STATUS	12. WAS DECEDED	2. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO						NIC ORIGIN? (Specify Yes or No-			0— 14. RACE — American Indian, Black, While, etc.		
B	1 🔀 Never Merriad 2 Merried 3 Widowed 4 Divorced					if yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 1 YES 2 NO Specify:					Specify: BLACK			
COMPLETED	15. DECEDENT'S (Specify only highest	18a. DE	18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working					16b. KIND OF BU			JSINESS/INDUSTRY			
	Elementary/Secondary (0-12)		college (1-4 or 5+)				retired.)							
MP	12TH GRADE	NONE	EXP	LOSI	VE WO	RKE	R		GOVERNMENT					
8	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)													
H	ALVIN MEDLEY					\perp			ruth					
2	190. INFORMANT'S NAME (Type/Print) MARGARET R. MED								OXON H			,	D 20745	
	20e. METHOD OF DISPOSITION	Samouni toom State	20b. PLACE	OF DISPO	SITION (Name	of cem	etery, crem	atory or		20c. LO	CATION -	City or To	own, State	
									WAY,	MARYLAND				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY													
	THORNTON'S FUNERAL HOME, POMONKEY, MARYLAND													
	23. PART i. Enter the dieasas, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory streat, shock, or heart failure. List only one cause on each line.													
	IMMEDIATE CAUSE (Fine) disease or condition										Onset and Death			
	resulting in deeth)		Contact Shotgun Wound of Chest											
_ 1	DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	Sequentially list conditions,	b	DUE TO (OR AS A CONSEQUENCE OF):											
¥.	if sny, leading to immediate cause. Entar UNDERLYING		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s											
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO	DUE TO (OR AS A CONSEQUENCE OF):											
E	reaulting in death) LAST													
ū	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS													
DICAL										PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
ED	1X YES 2 □ NO OI										OF DEATH?			
Σ									-				1 X YES 2 □ NO	
AN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)													
PHYSICIAN: ME	EXAMINER? 1 XXYES 2 □ NO	HOSPITAL:	☑ ER/Outpetient 3	□ DOA	OTHER:				a □ Other (Sp	acity)				
H	27. MANNER OF DEATH	28a, DATE C	F INJURY	28b, Til	WE OF 2	Sc. INJU	JRY AT		28d. DESCRIBE HOW INJURY OCCURED					
	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation 9-30-90				D A ^M] NO	Subj	f						
) BY	2 Accident Investiga X3XX Suicide 8 Could no	28e. PLACE	8e. PLACE OF INJURY — Al home, farm, street, lectory, off building, atc. (Specify)				,		Subject shot self 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 23 Dale Court					
COMPLETED	4 Homicide determined home (outside) Indianhead, Ch								Dale Charl	Court, les County,				
PLE	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To like best of my knowledge, death occurred at the ilme, date and place, end due to the ceuse(s) and manner se stated.													
OM	one) MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurad at the time, date end piece, end due to the ceuse(e) end menner ee stated.													
	29b. SHAMATURE AND TITLE OF CER		_		29c. LIÇE	NSE NUM	UMBER 29d. DATE				D (Month, Day, Year)			
) BE	Mano	OCME						10-1-90						
5	30, MANE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)													
	Ann M. Dixon, M.D., Deputy Chief 111 Penn Street, Baltimore, MD 21201 vl													
	OCT 04 90	32. REGIST	AR'S SIGNATURE	Mande	M.									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 thurstended within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIF	ICATE	OF	DEAT	ГН		REG. NO.			
1. DECEDENT'S NAME (First, Min	ddle, Last)			-					2. DATE	OF DEATH			3. TIME OF DEATH
Charle	s '	Thomas	ME	ETZDORF					Sept	ember	24,1	.990	12:15 A
4. SOCIAL SECURITY NUMBER		5. SEX	8. AGE (In	yrs. last birthday)	IF UNDER		IF UNDER					_	HPLACE (State or Foreign
213-22-9268		1 XXM 2 □ F	87	YRS.	MONTHS	DAYS	HOURS	MIN.		OF BIRTH		Mar	yland
9a. FACILITY NAME (If not institu							OR LOCATE		EATH			INTY OF E	
Second Avenue		. Box 31			Qu	eens	town	1			Que	een A	nne's
10a. STATE 10	b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	TION						10d. INSIDE CITY
Maryland	Queen	Anne's		Q	ueen	stow	<i>i</i> n						LIMITS?
Second Avenue P.O. Box 31							. zip codi 1.658	E					States
11. MARITAL STATUS 1 Never Married 2 Ma 3 Widowed 4 Divorce	0.00	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES	2 NO		If yes, sp		ın, Mexici	in, Puerto	N? (Specify Yes Ricen, etc.)	or No—		E — American Indian, k, White, etc. White
15. DECEDI	ENT'S EDUC	ATION	T	16a. DECEDENT'S	USUAL O	CCUPATIO	ON		168	. KINO OF BUS	SINESS/IN		
(Specify only his Elementary/Secondary (0-12)	ghest grade o			(Give kind of a	work done one retired.)	during mo	ast of working	ng					
7	'	College (1-4 of 5 f		Water	man					Seafoo	bd		
17. FATHER'S NAME (First, Middle	III. Value		Mad	ndonf						Middle, Maiden	,	A	hony
Charles		nry ephew	мет	zdorf						Nixo			.попу
Thomas C. Boo		ebnew								PA]			
204. METHOD OF DISPOSITION			20b										own, State
20a. METHOD OF DISPOSITION 1 N Burlal 2 Cremation 3 Removed from State 4 Donation 5 Other (Specify) 9/26/90 St. Peter's Cemetery 20a. METHOD OF DISPOSITION (Name of cemetery, crematory or other place) St. Peter's Cemetery 20a. LOCATION — City or Town, State Other place St. Peter's Cemetery													
21. SIGNATURE OF FUNERAL S Jam	ERVICE LICI	ENSEE Donton	Tan		22.	NAME AL	On E	SS OF F	CILITY ,	Iomo			
Jani	es H.	Barton,	6.								116	Mar	yland 2161
23. PARP I. Enter the dise	- K-	South My		the death De-									Approximete
shock, or heel IMMEDIATE CAUSE (Finel disease or condition		ist only one cau			,		+16					, rout,	Interval Betwee
resulting in death)	а	DUE TO	(OR AS A	CONSEQUENCE O									
Sequentially list condition	s. 6		10 P 40 P	CONSEQUENCE O									
if any, leading to immedia cause. Enter UNDERLYING	ite	DOE 10	(UH AS A I	LOWSEQUENCE O	-):								
CAUSE (Diseese or injury that initiated events	1°	DUE TO	(OR AS A	CONSEQUENCE O	F):								
resulting in death) LAST		l											
PART II. Other significant	condition	contributing to	douth hu	t not resulting	in the ur	derivin	O COMPA	alven is	Part I	24s. WAS AN	ALITOPSY	7 24	b. WERE AUTOPSY FINDINGS
TANT II. OUIGI SIGNICAN	CONCILION	- contributing to	Geath Da	t not resulting	in the di	loonym	y cadae	given ii	rait i.	PERFO	RMEO?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
										1 TYES	2 (A) NO		OF DEATH?
													1 YES 2 NO
25. WAS CASE REFERRED TO I	MEDICAL T					26. P	LACE OF E	DEATH (C	heck only d	ine)			
EXAMINER? 1 YES 2 NO		HOSPITAL:	FRANCIA	flent 3 🗆 nos	OTHE	R:							
27. MANNER OF OEATH		28a. DATE OF	INJURY	28b, TIR	IE OF	28c. IN.	JURY AT		_	er (Specify)	INJURY O	CCURED	
1 Naturel 5 Pe	nding estigation	(Month, D	ay, Year)	IN.	JURY M	W(YES 2	□ NO					
3 Suicide 6 Co	uld not be lermined	28e. PLACE O building,	F INJURY - atc. (Specif	— At home, farm,	streat, fac	tory, offic	ce		281. LO C/ŋ	CATION (Street or Town, State	and Numb)	er or Rural	Route Number,
(Check only		CIAN: To the best of a											(a) and manner as stated.
29b. SIGNATURE AND TITLE O	F CERTIFIER	ځا	1	1.1.	1		29c. LIC	ENSE NU	MBER 750	1	1		D (Month, Day, Year)
30. NAME AND ADDRESS OF P	ERSON WHO	COMPLETED CAU	SE OF DEA	TH (ITEM 27) (Type	o, Phint)					1			
Ralph E. Libb	у, М.	D.,	Gras	sonville	, Ma	ryla	and	216	38				
		1	R'S SIGNA	TURE									

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

000 5 AS

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	. STATE REGISTRAR		CE	RTIF	CATE C	F DEATH		REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last, Gertrude McCa							ATE OF DEATH	ď0	YEAR	3. TIME OF DEATH							
	4. SOCIAL SECURITY NUMBER 051-26-2616	T - T-	AGE (In yrs. last	birthday)	IF UNDER 1 YEA		s. 7. D	ATE OF BIRTH Month, Day, Year) 1 - 05 - 05		6. BIRTHI Country New	PLACE (State or Foreign							
- 15	9a. FACILITY NAME (If not institution, give 527 Saltoun A					ON OR LOCATION OF	F DEATH			nty of DE	rundel							
) II—	RESIDENCE OF DECEDENT 10s. STATE 10b. COUN MD Anne	Arundel			, town or Lo	CATION			- /		10d. INSIDE CITY LIMITS? 1 YES XXNO							
. 111	10e. STREET AND NUMBER 527 Saltoun A			ouc		10f. ZIP CODE 21113			10g. CITI		HAT COUNTRY?							
- 11	11. MARITAL STATUS 1 Never Married 2 Married 3 WWidowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2X N	MED	If yes	DECENDENT OF HIS , specify Cubsn, Ma YES X NO Sp	xican, Pu		or No—	14. RACE Black Specif	- American Indian, White, atc.							
	15. DECEDENT'S ED (Specify only highest grade (Specify only highest grade) Elamentary/Secondary (0-12)		(GI	CEDENT'S Ve kind of v Do NOT us USEV	e retired.)	ATION most of working		16b. KIND OF BUS	seho									
	17. FATHER'S NAME (First, Middle, Last)					100		irst, Middle, Malden										
	Charles Hause	r						etta Oc										
	19a. INFORMANT'S NAME (Type/Print) Gertrude Patc	h				eet and Number or Re				211	13							
1	20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) 20c. LOCATION — City or other place)								City or To	wn, Stata								
- 11-	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE I	LICENSEE (Inm	die	/	22. NAM Haro	e and address of lesty F	r FACILITY UNE	ral Hom	Home P.A. e, Annapolis, MD 2									
	23. PART I. Entar tha diseases, Dishock, or haert fellum IMMEDIATE CAUSE (Finel disease or condition resulting in desth)	e. Canc		7	C	hode bi dying,	such as	cardiac or raspi	ratory an		Approximata Interval Between Onset and Deeti							
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in deeth) LAST	C	R AS A CONSEC															
	PART ii. Other significent conditi	ona contributing to de	eath but not r	resulting	In the under	lying ceuse give	n In Pert	I. 24a. WAS AN PERFOR	RMED?	24b	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO							
THE STORY.	25. WAS CASE REFERRED TO MEDICAL				2	6. PLACE OF DEATH	f (Check o	nly one)										
	EXAMINER? 1 YES 2 NO	HOSPITAL:	R/Outpatient 3	□ DOA	OTHER:	Home 5 - Reside												
	27. MANNER OF DEATH 1 Return 5 Pending Investigation	28a. DATE OF IN (Month, Day,	JURY Year)	26b, TIM	JURY	NJURY AT WORK?		I. DESCRIBE HOW	NJURY OC	CURED								
	2 Accident 3 Suicide 6 Could not b datarminad	28a, PLACE OF		me, farm,	atreet, tactory,	offica	261	. LOCATION (Street City or Town, State)		r or Rural i	Route Number,							
	cond only										dua to the cause(a) and menner as stated. the time, dats and place, and dua to the cause(a) and menner as stated.							
	2 MEDICAL EXAM	NER: On the basis of axel																
DE COMP	2 MEDICAL EXAMI		1	9		29c. LICENSE		. 0	29d. DAT	E SIGNED	(Month, Day, Year)							
	2 MEDICAL EXAMI	TIER	OF DEATH (ITE	М 27) (Туре	o, Print)	29c. LICENSE		of	29d. DAT	E SIGNED	(Month, Day, Year)							

	1 - STATE REGISTRAR	STATE OF M	IARYLAND / DEPAR CERTIF	TMENT OF	F DEATH	ND ME	ENTAL HYGIEN REG. NO.	E 20	20131
	1. DECEDENT'S NAME (First, Middle, Last)			-		_	DATE OF DEATH	Y _ YEA	3. TIME OF OEATH
	Anna	L	Moor	е		р	ctober	8 1996	7:00 PM M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	-	HRS. 7	Month, Day, Year)	6. B	IRTHPLACE (State or Foreign ountry)
	2 90 -28-2295	1 M 2 DF	73 YRS.				4 22 1	917 5	md.
œ	9a. FACILITY NAME (If not institution, give st				N OR LOCATION	OF DEAT	Н	9c. COUNTY C	albot
	Memorial Hosp:	ital		East	011			10	TDOC
DIRECTOR	10a. STATE 10b. COUNTY	0.0	10c. Crt	Y, TOWN OR LO	CATION	2			10d. INSIDE CITY LIMITS?
	Mo. Sal	bot	no	yal	Wad	_			1 TYES 2 THO
MA I	100. STREET AND NUMBER	1173		0	101. ZIP CODE	1 -		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12 WAS DECEDEN	T EVER IN U.S. ARMED	12 WAS	2/60	DISPANIC	ORIGIN? (Specify Yea	Or No. 14 5	ACE - American Indian,
	1 Never Married 2 Married		YES 2 PMO	If yes	specify Cuban,		Puerto Rican, etc.)	01110-	Black, White, etc.
В	3 Widowed 4 Divorced			1		ороску.		7	Black
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S	USUAL OCCUP	ATION most of working		16b. KIND OF BUS	INESS/INDUSTR	RY
<u>ا ۳</u>	Dementary/Secondary (0-12)	College (1-4 or 5 +) Ind. Do No.	0-0			Pain	A 2	
8	12. FATHER'S NAME (First, Migdle, Litet)	. 1	100	000	18. MQDHE	R'S NAME	(First, Middle, Malden	Suggestile)	muy
	Russell n	illar			L	1 - 1	o. Mi	llev	/
O BE	19a. INFORMANT'S NAME (Spe/Print)	0	19b. MAILING	ADDRESS (Stre	et and Number or	Rual Rou	ite Number, City or Town	n, State, Zip Code	" 1
유	Unn Dools	ly	KtH	100	r 64	911	Pontso	nery	16.17752
	20a. METHOD OF DISPOSITION 1 Description 2 Cremation 3 Rame	over from State	20b. PLACE OF DISPO	(Name of	cemetery, cremat	tory or	500. LO	CATIONS— CHY	or Town, litera
	4 Donation 6 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Wood.	Lain NAM	AND ADDRESS	OF FACIL	ITV RO	stope	1920.
	y 0.			22.110.111	AND ADDRESS	OI FACIL	Ruma	Luca a	ity + moderal fi
_	Lay De	and		IP.	OBO	49	28 H	surlo	ek, md.
	23. PART I. Entar the diseases, or o shock or heart fellure.	List only one cau	se on each lina.	not antar tha	mode of dyling	g, auch s	ss cardisc or respi	ratory srrest,	Approximate Interval Between,
	IMMEDIATE CAUSE (Finel disease or condition	1	Land to	Paris					Onset and Death
	reculting in death)	DUE-ZO	IOH AN A CONSEQUENCE O	F: A		_	1		Troncal
Z		b) Scontin	roku	7	() lakeni	i	74
1	Sequentielly list conditione, If any, leading to immediate csuse. Enter UNDERLYING	DUE TO	OR AS A CONSEQUENCE O	F):	1		0		111
SE	CAUSE (Disesse or Injury that Initiated events	c. DUE TO	OR AS A CONSEQUENCE O	D:					mos
CERTIFICATION	resulting in death) LAST	d.							
	PART II. Other significent condition	s contributing to	death but not regulting	In the under	vina causa alv	ven in Pe	ert I. 24e. WAS AN	AUTODSV	24b. WERE AUTOPSY FINDINGS
CAL	ASCILLO		death but not resulting	iii ara ancen	ying cause git	von m re	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
							1 YES 2	₩ NO	OF DEATH? 1 ☐ YES 2 ☐ NO
2							-		1 123 2 NO
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				. PLACE OF DEA	ATH (Check	k only one)		
Sic	1 VES ZYNO	HOSPITAL:	ER/Outpetient 3 DOA	OTHER: 4 Nursing	Home 5 🗆 Resi	Idence 6	Other (Specify)		
F	27. MANNER OF DEATH 1 ☑ Natural 5 ☐ Pending	28a. DATE OF (Month, D		JURY	INJURY AT WORK?		28d. DESCRIBE HOW I	NJURY OCCURE	ED
ВУ	2 Accident Investigation	20 - 51 405 0	E IN HIERO		YES 2	-			
	3 Suicide 6 Could not be 4 Homicide detarmined	building,	F INJURY — At home, farm, atc. (Specify)	street, factory,	office	2	26t. LOCATION (Street City or Town, State)		urai Route Number,
E	29a. CERTIFIER 1 TO CERTIFYING PHYSI	ICIAN: To the head of	my knowledge, death occur		4-4				
COMPLETED	torreon only 11								use(a) and manner as stated.
	296. SUGNATURE AME TUREDE CANTIFIED		1112		29c. LICEN				IMED/(Month/Day, Year)
BE.	12 Dew	us			Do	058	=74	D /0	19/90
유	30. MAME AND ADDRESS OF PERSON WH	O COMPLETED CAU	SE OF DEATH (ITEM 27) (Type	, Print)					
		Terrer							
	31. DATE FILED (Month, Dey, Year) OCT 1 2 '90	32. REGISTRA	R'S SIGNATURE	ACA					
	001 1 7 00	1	and the same of the same of the same						

BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ZA ALS after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

6

10115 60

15		sit p		
BALTIMORE, MARYLAND 21203-3146	cours after death. Page 6 may be retained by the hospital or attending physician.	led in by the funeral director, page 5 should be detached for use as the burial-trans	, or removal.	medical examiner must be notified at once.
4		ty fill	ation	the state
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a ster death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit a	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal,	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

10

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	OIAIL OI III	CE	RTIF		OF DE		WIEN	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Las	st)							TE OF DEATH			3. TIME OF DEATH
GLENN		MORRIS					10			990	8:00 р.ж
4. SOCIAL SECURITY NUMBER	5. SEX 6	. AGE (In yrs. lest		IF UNDER		DER 24 HRS.	7. DA	TE OF BIRTH onth, Day, Year)		8. BIRTHP	LACE (State or Foreign
215 26 9442	1 🔀 M 2 🗌 F	87	YRS.	MONTHS	DAYS HOURS	B MIN.		n23, 1	903		Penna.
9s. FACILITY NAME (If not institution, give	e street and number)			9b. CITY	TOWN OR LOCA	TION OF D				NTY OF DE	
Memorial Hos	pital			CUM	BERLAND)			Δ1 Ι	EGAN'	y
RESIDENCE OF DECEDENT									7 the h		
10a. STATE 10b. COU					R LOCATION						10d. INSIDE CITY LIMITS?
	llegany		Cu	mbe	rland						YES 2 NO
10e. STREET AND NUMBER					10f. ZIP CO				10g. CIT	IZEN OF WI	IAT COUNTRY?
809 Maplewood					215				2	JSA	
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	EVER IN U.S. ARM	MED		WAS DECENDEN' If yes, specify Cu			GIN? (Specify Yes to Ricen, etc.)	or No-	14. RACE - Black,	- American Indian, White, atc.
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 X NO Specify: White								White			
15. DECEDENT'S E	DUCATION	160 DEC	PEDENTIO I	I COLLAN	CCUPATION			16b. KIND OF BUS		DIMOTEN	
(Specify only highest gro	nde completed)	(Giv	e kind of w Do NOT um	ork done	during most of wo	rking		166, KIND OF BUS	SINE 33/INI	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)				rator			Elect	ric	Co.	
17. FATHER'S NAME (First, Middle, Last)			,	o L		OTHER'S NA	ME /El-	st, Middle, Maiden		-	
Aaron Morri	e							en (St		nanl	
19a. INFORMANT'S NAME (Type/Print)	.5	106	MAILING	AOODESS				umber, City or Tow			
Mary R. Lowe	rv							Aberde			21001
20a. METHOD OF DISPOSITION					me of cometary, o		' '			City or Tow	
X	emoval from State	Sun:	set	Mem	orial	Par	c				d, MD
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE 1										Home 2150
N. 00 -	V At							ur St.			
Willen	July 1			Ľ		200	Juc	ar bc.	, cui	MDCI.	rand, Hb
23. PART I. Enter the diseases, of shock, or heart feiture	or complications that re. List only one cous	caused the das	ith. Do n	ot antar	tha moda of	dying, suc	th #6 C	ardiac or resp	iratory ar	rest,	Approximate interval Between
IMMEDIATE CAUSE (Final	That is a				/ \						Onset and Death
disease or condition resulting in death)	Gine	OR AS A CONSEC	plum	~ /	Lower						
	OUE TO (C	OR AS A CONSEO	UENCE OF):	- 2	0		Metail	_		
Sequentially list conditions,	Lotyp	guy	400	M	with	lu	1	- con	1		3 mm
If any, leading to immediate	DUE THE CO	OH AS A CONSEQ	UENCE OF	-	T						3 ares
cause. Enter UNDERLYING CAUSE (Disease or injury	с	A CONTRACTOR OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF TH	America		ware						2 1100 1000 1000
that initiated events resulting in death) LAST	DUE 10 (C	OR AS A CONSEO	GENCE OF	No.							1
	d										<u> </u>
PART ii. Other aignificent condit	ions contributing to d	eath but not re	suiting i	n tha ur	nderlying caus	e given in	Part i				WERE AUTOPSY FINDINGS
								PERFOR			AWAILABLE PRIOR TO COMPLETION OF CAUSE
										- 1	OF DEATH? 1 YES 2 NO
										-	
25. WAS CASE REFERRED TO MEDICAL					26. PLACE O	F OEATH (C	heck onl	y one)			
EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE!	R: sing Home 5 🗆	Residence	8 🗆 0	Wher (Specify)		-	
27. MANNER OF DEATH	26s. DATE OF II	NJURY	28b. TIMI	OF	26c. INJURY AT			DESCRIBE HOW	NJURY OC	CURED	
1 Natural 5 Pending	(Month, Day	(_Year)	INJ	W M	WORK?	2 🗌 NO		-			
2 Accident Investigation 3 Suicide 6 Could not	26s. PLACE OF	INJURY — At hor	ne, ferm, a	treet, fac	tory, office			OCATION (Street		or or Rural Ro	oute Number,
4 Homicide 6 Could not determined	De building, e	tc. (Specify)					l '	City or Town, State)		
29a. CERTIFIER	IVEICIAN: To the best of	n kasulada - 1	ath ar	ol as ** : :			. 4- 4-	**************************************			
(Check only	IYSICIAN: To the best of n IINER: On the basis of axa										and manner as attend
		arayor i	vestigatio	., нт пту				uece arru piece, si			
296. SIGNATURE AND TITLE OF CERT	FIER	1				LICENSE NU				- 1	(Month, Day, Year)
1160000	30	,			D3	37005	<u> </u>			1=(1	2/90
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE	OF DEATH (ITEA	4 27) (Type.	Print)							

9	0	2	8	7	9	-
-	-	-	1		100	4

1 - STATE REGISTRAR	STATE OF MARY			OF HEAL OF DE		MENTAL HYG REG.		91	1 581	93	
1. DECEDENT'S NAME (First, Middle, Lest Gussie	J. Mil					2. DATE OF DEAT		year 90	3. TIME OF DEATH 4:06PM	м	
4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	IF UNDER	1 YEAR IF U	NDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Yes Mar. 23,		Country	PLACE (State or Foreign	n	
219-80-5173 90. FACILITY NAME (If not institution, give		YRS.	ah CITY	TOWAL OR LO	CATION OF DE			UNTY OF OE	Penna.		
Memorial Hospi											
RESIDENCE OF DECEDENT				mberla	and			1egan	<u>y</u>		
10e. STATE 10b. COUN			LIMITS						10d. INSIDE CITY LIMITS?		
MD Alle	gany		umbe	erland			1XXVES 2				
345 Bedford S	4		101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?						HAT COUNTRY?		
11. MARITAL STATUS	St. 21502 USA 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No						American Indian	_			
1 Never Married 2 Merried 3 Never Married 4 Divorced	IF YES, GIVE WAR OR DATES 1 1 YES 2 IV NO Specify:					Black,	White stc.				
15. OECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working											
(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.)											
12 2 Housewife Own Home 17. FATHER'S NAME (First, Middle, Lest) 18. MOTNER'S NAME (First, Middle, Maiden Surname)											
Paul M. Cathe	rman	405 4440 000	0 ADDDE00			OS D. (
		1							1 = 0.2		
Dorothy M. Ki 20e. METHOD OF DISPOSITION 1A Burlal 2 Cremation 3 Re	2	06. PLACE OF DISPO	SITION (Na	me of cemetery	cremetory or	umberla	c. LOCATION -				
1 Donation 5 Other (Specify)	moval from State	Rose Hi	11 C	emete	ry		umber	-			
21. SIGNATURE OF FUNERAL SERVICE				NAME AND AD		ORITY				215	
ble) War M	L'SL					_			l Home :		
23. PART I. Entar tha diseases, D ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	Respirato	ry distre	ess s						Approximate Interval Betwoese and D 2 Weeks	eath	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLY/ING CAUSE (Disease or injury that initiated events	Fall from	s A consequence of a bridge	Pu:	shed f	rom Br	idge			2 weeks		
resulting in death) LAST	. History	of Ver	igo	-					year	5-	
PART II. Other algorificant condition Diabetes mell				ndariying cau	use given in	PE	S AN AUTOPS RFORMED? ES 2 NO		WERE AUTOPSY FINDI AVAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH?		
25. WAS CASE REFERRED TO MEDICAL				26. PLACE	OF DEATH (Ch	eck only one)					
EXAMINER?	HOSPITAL:	utpatient 3 🗆 DOA	OTHE		Recidence	6 Other (Specif))				
27. MANNER OF DEATN 1 Netural 5 Pending Investigation Poly Year) 28a. DATE OF INJURY (Month, Day, Year) 29b. Time OF INJURY AT WORK? 29b. Time OF INJURY AT WORK? 29b. Time OF INJURY AT WORK? 29b. Time OF INJURY AT WORK? 29b. Time OF INJURY AT WORK? 29b. Time OF INJURY AT WORK? 29b. Time OF INJURY AT WORK? 29b. Time OF INJURY AT WORK?							a br	EROM E		ilm ils	
3 Suicide 6 Could not be determined	building, atc. (S Bridge, b		street, fac	tory, office		"201. LOCATION (S City or Town, MCMulle	State)		oute Number, Cumberlan	d	
TOTALON ONLY	/SICIAN: To the best of manifest								end manner ee state	ıd,	
296, SIGNATURE AND TITLE OF CENTIF	ER /	/		29c	LICENSE NUI	MBER	29d. D	ATE SIGNED	(Month, Day, Year)		
Mart	Dpt	y Med. Ex	2		D 091	57		10/12	2/90		
Zaul Snow, M.	WHO COMPLETED CAUSE OF	deatn (ITEM 27) (Type d Ex 124	e, Print)	rd St							
DCT 1 5 1990 486	32. REGISTRAR'S SI	IGNATURE									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removel.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-18 Ray 1/89

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	FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPAR	RTMENT OF A	HEALTH AND !	MENTAL	HYGIEN REG. NO.	E 90	28	3794
		DeSales MC	ORGAN			2. OATE OF MONTH OCTO	ber I	ž, 19 ⁹	3. T	8:32 p M
	4. SOCIAL SECURITY NUMBER 216-18-1690 9a. FACILITY NAME (If not institution, give s	1⊊M2□F 69	yrs. leet birthdey) YRS.	IF UNDER 1 YEAR MONTHS DAYS	F UNDER 24 HRS. HOURB MIN. OR LOCATION OF DE		26/21	100	country) ary1	
TOR	Sacred Heart Ho				erland	EATH.			gany	
DIREC		egany		LaVale					12/2	INSIDE CITY LIMITS? YES 2 NO
FUNERAL DIRECTOR	12 Club House 1. Marital status	12. WAS DECEDENT EVER IN U	.S. ARMED	13. WAS DEC	1. ZIP COOE 21502 CENDENT OF HISPAN			10g. CITIZEN U or No— 14.	S A	American Indian.
ВУ	1 Never Married 2 T Married 3 Wildowed 4 Divorced 15. DECEDENT'S EDU	FORCES? 1 TYPES IF YES, GIVE WAR OR DATE	WW I	1 TYES	Decify Cuban, Maxica S 2 NO Specify	y:		SINESS/INDUS		White
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12) 1 2	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during mose retired.)		1 2220				
BE COI	17. FATHER'S NAME (First, Middle, Last) Edward Joseph 194. INFORMANT'S NAME (Fixe/Print)	Morgan			Hazel	Мо	Coml	os		
2	Dr. Donald A		477	6 Dray	and Number or Rural i		liar	d.Ohio	0 43	
	1 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	ther place)	set Mer	motory, crematory or morial I			nberla		41007
	dagano	D. Hat	\sim	1302	Natio	nal I	Iwv_I	aVale	e. M	ortuary D_21502
	23. PART I. Enter the diseases, preshock, or heart fallure. IMMEDIATE CAUSE (Final	Liat only Dna cause on esc	lina.		ode of dylng, auc	h aa cardli	ic or reap	ratory arrest	t, -	Approximate interval Between Onset and Death
	disease pr condition resulting in death) Myocardial infarction Due to (or as a consequence of):									5-10 mi
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Coronary A DUE TO (OR AS A C	ONSEQUENCE (DF):						
PHYSICIAN: MEDICAL (PART II. Other significant condition	e contributing to death but	not resulting	in the underlying	ng cause given in		PERFOR		COL	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION DF CAUSE DEATH? YES 2 NO
YSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1XXYES 2 \(\text{ NO} \)	HOSPITAL: 1 inpetient 2 ER/Outpet	lent 3 DOA	OTHER:	PLACE OF DEATH (Ch					
B₹	27. MANNER OF OEATH 13. Shetural 5 Pending Investigation 3 Suicide 8 Could not be	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY —	- At home, farm,	M 1 □	JURY AT ORK? YES 2 NO			INJURY OCCUP		Number.
COMPLETED	4 Homicide determined	building, atc. (Specify ICIAN: To the best of my knowled	-			City or	Town, State;			
	anal city	ER: On the basis of examination a				time, data s		nd due to the c		d manner as stated.
TO BE	30 NAME AND ADDRESS OF PERSON W	shay I		Med. Exa				▶ 10/		

Giovanni Mastrangelo, M.D. 900 Seton Drive, Cumberland, Md. 21502

32. REGISTRAR'S SIGNATURE

34

TO BE COMPLETED BY FUNERAL DIRECTOR

John

31. DATE FILED (Month, Day, Year)

Tauber,

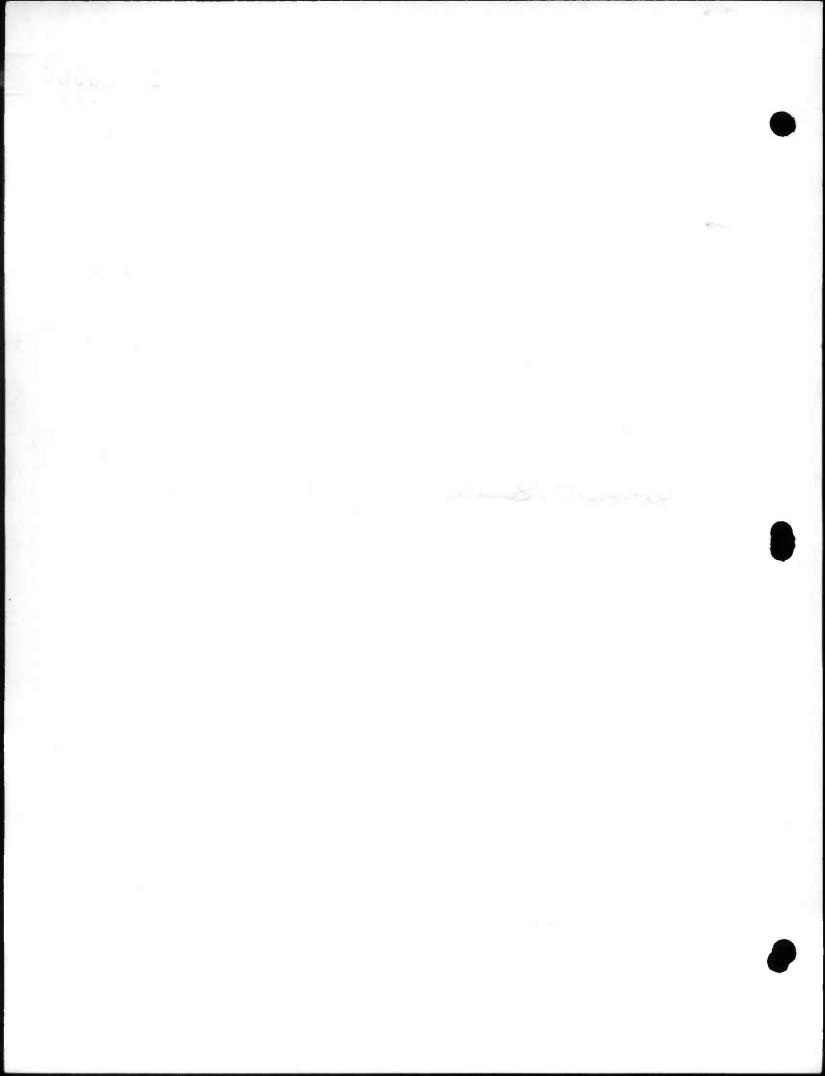
M.D.

32. ARGISTHAR'S SIGNATURE

1	FOR STATE REGISTRAR	STATE OF A					EALTH AND DEATH	MEN	NTAL HYGIEN		0 2	8795
	1. DECEDENT'S NAME (First, Middle, Last) Charles			Mil					DATE OF DEATH			TIME OF DEATH 9:35 PM M
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	lest birthday)	IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS NOURS MIN.	. 7.1	DATE OF BIRTH (Month, Day, Year) Pril 25,	1006	Country)	ACE (State or Foreign V York
	217-44-0350	1 XXM 2 □ F	94	YRS.					prii 25,			
	9a. FACILITY NAME (If not institution, give st				9b. CITY, TOWN OR LOCATION OF DEA				Montgol			
Ę.	2799 Beechbank	Roau			311ver Spring					nery		
	10a. STATE 10b. COUNTY			10c. CIT	18c. CITY, TOWN OR LOCATION						- 1	0d. INSIDE CITY LIMITS?
ā		gomery			Sil	-	r Sprin	g		☐ YES 2XX NO		
FUNERAL DIR	10a. STREET AND NUMBER 2799 Beechbank F	Dead.			101. ZIP CODE 20910					10g. CIT		AT COUNTRY?
빌	11. MARITAL STATUS	12. WAS DECEDER	T EVED IN 11 S	ARMED	13 WI	AS DEC			RIGIN? (Specify Yes	or No-		- American Indian,
B≼	1 Never Merried 2 Merried 3 XXWidowed 4 Divorced	XNO					uarto Rican, etc.)	07110	Black, Specify:	White, etc.		
	15. DECEDENT'S EOUC (Specify only highest grade	CATION completed)	16a.	DECEDENT'S	USUAL OCC	CUPATIO	ON st of working		16b. KIND OF BU			
COMPLETED	(Specify only highest grade completed) College (1-4 or 5+) College (1-4 or 5+) 5+ Mineralogist U.S. Departmentary/Secondary (0-12) The Interalogist College (1-4 or 5+)											
N N	17. FATHER'S NAME (First, Middle, Lest) 16. MOTHER'S NAME (First, Middle, Maiden Surname)							II CCLI	J.			
								A	ras, middle, meloen	Surrierrier	Bar	ron
8	19a. INFORMANT'S NAME (Type/Print)	ADDRESS (DRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
임	Daniel J. Milton			1446	Crowe:	11	Road, V	ien	na, Virg	inia	221	32
	20s. METHOD OF DISPOSITION 1 ☐ Burlel 2 ☐ Cremation 3 ☐ Rem 4 ※ Donation 5 ☐ Other (Specify)	atomy		netery, crematory ard	or			re, M	aryland			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE M00522 22. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey Funeral Home Bethesda-Chevy Chase, Inc. Avenue, Bethesda, Maryland, 20814-3									Wisconsin		
	23. PART 1. Enter the diseases, or shock, pr haert fallure.			death. Do								Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	•				2.5	town-	٠.	Laran	4.		Onset and Death
	reaulting in deeth)	e	O (OR AS A CON	SEOUENCE (OF):		.					
z		b	2000	1404	-12		ant	7-2-1	nos	20-0	800	
CERTIFICATION	Sequentielly liet conditions, if any, leading to immadiate cause. Enter UNDERLYING	DUE TO	O (OR AS A CON	SEOUENCE (OF):)						
임	CAUSE (Disease or Injury that initiated events	cOUE TO	O (OR AS A CON	ISEQUENCE (OF):							
E	resulting in death) LAST	d										
2	PART II. Other significent condition	ns contributing t	o deeth but n	ot reauiting	in the und	deriyin	g cause given	In Par	rt i. 24a. WAS AF	N AUTOPSY	24b.	WERE AUTOPSY FINDINGS
S	Carcin	mone	04	- C	0101	~	•		PERFO	RMED?	1 1	MAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
9												1 YES 2 NO
2												
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		LACE OF DEATH	(Check	only one)			
VSI(XX YES 2 NO	1 Inpetient 2	☐ ER/Outpatien		4 🗌 Nursi	ing Hor			Other (Specify)			
	27. MANNER OF DEATH 1 Naturat 5 Pending	26a. DATE C (Month,	Day, Year)	26b. TI	ME OF JURY M	W	JURY AT ORK? YES 2 NO		M. DESCRIBE HOW	INJURY O	CCURED	
TED BY	2 Accident Investigation 3 Suicide 5 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — At home, farm, street, factory, offica be building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Roc City or Yours, State)						oute Number,				
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS								the cause(a) and mo			and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	R					29c. LICENSE	NUMBE	iR .	29d. D/	ATE SIGNEO	(Month, Day, Year)
) BE		243	ماسى	- 4	7	-	D0854	16		▶ c	ctobe	r 5, 1990
임	30. NAME AND ADORESS OF PERSON WI	HO COMPLETEO CA	USE OF OEATH	(ITEM 27) (Typ	oe, Print)		_					

8218 Wisconsin Avenue, Bethesda, Maryland

20814

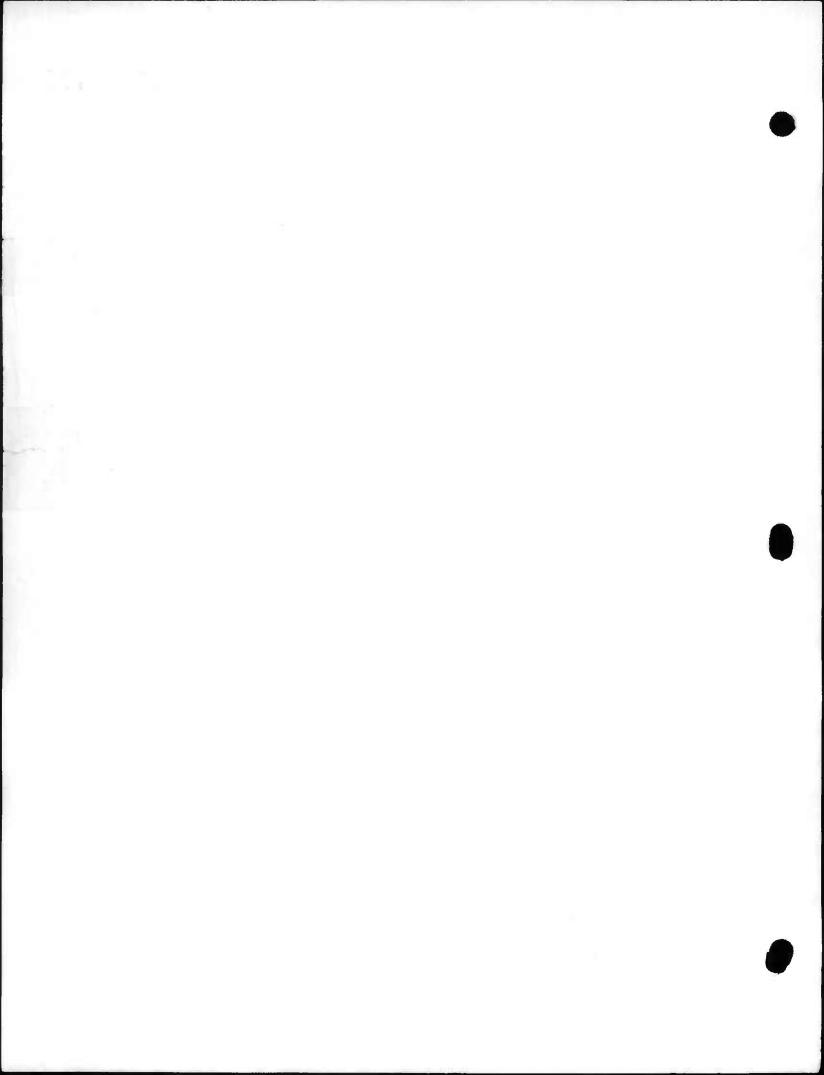


		FOR STATE REGISTRAR	STATE OF MARY		RTMENT OF		MENTAL HYGIEN REG. NO.		U 4	0190			
		1. DECEDENT'S NAME (First, Middle, Last) Barry		McKi	nney		2. DATE OF DEATH MONTH DV	YE 90	AR	ME OF DEATH 2:47 P. M			
		4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. 5	BIRTHPLACE	E (State or Foreign			
		218-74-2638		31 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) Sept.13,1	959 M	ountry) aryla	end			
shoul	œ	9a. FACILITY NAME (If not institution, give a Prince George's		ntor		on Location of DE Cheverly	ATH	9c. COUNTY		orge's			
1, 2, 3	CTO	RESIDENCE OF DECEDENT						FILIC	C GCC	19C 3			
Pages	DIRECTOR	Maryland Princ	y e George		ry, town on Local attsvill				500	INSIDE CITY			
emit		10e, STREET AND NUMBER		1 12		Of. ZIP CODE		10g. CITIZEN	4.44	COUNTRY?			
ansit p	FUNERAL	3609 Gallatin Av				20782		Unite	d Sta	ites			
r attending physician. use as the bunal-transit permit, Pages 1, 2, 3 should	BY FUR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 5 YES IF YES, GIVE WAR OR 3/19/81-9/1	S 2 NO	It yes, s	CENDENT OF HISPAN Specify Cuban, Maxical S 2 NO Specify			Black, White Specify:	merican indian, ta, atc. Black			
the hospital or attending detached for use as the once.	9	15. DECEDENT'S EDU (Specify only highest grade	ICATION	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working) 16b. KIND OF BUSINESS						220071			
oital or	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	ilfe. Do NOT			D.,						
the host detache once.	OM	12th. 17. FATHER'S NAME (First, Middle, Last)		Fino	ineer	18. MOTHER'S NA	Private 18. MOTHER'S NAME (First, Middle, Maiden Surname)						
B & &	BE C	Frank McKinney					e Mae Will						
e retained by the hospital of 5 should be detached for a notified at once.	10	19a. INFORMANT'S NAME (Type/Print) Frankie Mae McKinney 19b. MAILING ADDRESS (Street and Number or Fural Fourte Number, City or Town, State, Zip Code) 2908 Brightseat Road Lanham, Maryland 20706											
e 6 may be ector, page must be		20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or Maryland Veterans Cemetery 20c. LOCATION — City or Town, Maryland Veterans Cemetery											
. Page ral direc		21. SIGNATURE OF UNERAL SERVICE LI	CENSEE	0 1			ашту Ј.В. Је						
r death. Pag he funeral di al. examiner		1 Alkay	(i. 7/11)	SK	7474	Landover	Rd. Lando	ver, M	aryla	ind 20785			
he death certificate be executed within 2x-mours after death. Page 6 may be the attending physician and completely filled in by the funeral director, page Mental Hygiene prior to bunial, cremation, or removal.		23. PART I. Enter the diseases, or shock, or heart feliure. IMMEDIATE CAUSE (Finel	complications that caus- Liet only one cause on	ed the death. Do each line.	not enter the m	node of dying, euc	h es cerdiec or resp	iretory arrest	,	Approximate Interval Between Onset and Death			
ompletely filled, cremation, event, the		diseese or condition resulting in death)	4	ole Injur									
and comp o burial, cr matic eve	_	DUE TO (OR AS A CONSEQUENCE OF):											
h certificate be executionally physician and confined physician and confined physician and confined traumatic or other traumatic	CERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE OF):										
certificate ding physic tygiene pri	IFIC	CAUSE (Diseese or Injury that initiated events	DUE TO (OR AS A CONSEQUENCE OF):										
death cer e attending lental Hygi	ERT	resulting in death) LAST											
		PART II. Other significent condition	ns contributing to deeth	but not resulting	In the underly	ing ceuse given in	Part I. 24a, WAS AN			E AUTOPSY FINDINGS			
equires then signed of Health hows ar	PHYSICIAN: MEDICAL						XXYES :		COM OF E	PLETION OF CAUSE DEATH? XYES 2 NO			
SICIAN: The law recertificate has be to the State Dept. 1, or Item 23 s	CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26.	PLACE OF DEATH (Ch	eck only one)						
ician: sertifica the St	IXSI	1 YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 X ER/O	V 205 T	4 - Nursing Ho	ome 5 - Rasidence	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	ED.				
NG PHYS frer this c eath with marked	ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day 169)	and "	VJURY V	YES ZXX NO	subject v		_	ed			
DR ATTENDING I DIRECTOR: After hours after death Item 28 Is mai	G	3 Suicide 8 Could not be	28e. PLACE OF INJU building, atc. (S	RY — At home, farm			281. LOCATION (Street City or Town, State 3100 blk)		Number, Landover			
	LE]	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the beat of my kno						11101	Md.			
THE HOSPITAL THE FUNERAL filed within 72	COMPLET	one) 2 K MEDICAL EXAMIN	IER: On the basia of axamina	tion and/or investiga	tion, in my opinion	, death occured at the	time, data and place, a	nd dua to the c	ause(a) and	manner as stated.			
TO THE HOSPITATION TO THE FUNERAL PROPERTIES OF THE PUNERAL PROPERTANT: 1	96	ZOW-ORDINATONE FINAL TUTE ON DESTIGAT	1/ ~			29c. LICENSE NU		29d. DATE S	1GNED (Mon				
3)	5	Frank J. Perett	HO COMPLETED CAUSE OF			, Balto.,	Md. 2120)1					
		31. DATE FILED (Month, Day, Year)	32. REGISTRAPIS SIL			,	•						
		act 0.5 '90	grand build	mary of the a									

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BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,



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TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - FOR STATE REGISTRAR	STATE OF MARY			HEALTH AND	MENTAL HYGIE REG. NO		
1. DECEDENT'S NAME (First, Middle, Last George	Etha	n	Mim	ns	2. DATE OF DEATH	Br S	3. TIME OF DEATH 3:10 A M
4. SOCIAL SECURITY NUMBER 578 - 98 - 4734 98. FACILITY NAME (If not institution, give	x1x M 2 F	16 YRS.	MONTHS DAYS # DAYS 9b. CITY, TOWN	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DI		9c, COUNTY	
Prince George RESIDENCE OF DECEDENT 10a. STATE 10b. COUN		10c. CITY	, TOWN OR LOC		У	Prin	10d. Inside city Limits? 1 yes 2 No
D. C. 10e. STREET AND NUMBER 1338 Indepen 11. MARITAL STATUS 117 Never Married 2 Married	dence Ave.			01. ZIP CODE 2003			of what country?
3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YOUR YES, GIVE WAR OF	ES 2 NO	If yes,		NIC ORIGIN? (Specify Y an, Puarto Rican, etc.) fy:		RACE — American Indian, Black, White, atc. Specify: BLACK
15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12) 1 0 17. FATHER'S NAME (First, Middle, Last)		16a, DECEDENT'S (Give kind of w life, Do NOT us N O N	vork done during i e retired.)	FION nost of working	16b, KIND OF B	USINESS/INDUST	
17. FATHER'S NAME (First, Middle, Lest) George Burges	S				ie F. Sim		
P 199. INFORMANT'S NAME (Type/Print) Willie F. Rigg	sbe				Ave, S.E		D.C.20003
20a. METHOD OF DISPOSITION 1 [X] Burlal 2	emoval from State	20b. PLACE OF DISPOS other place) HARMONY	CEMET	ERY	Нуа	cation — chy	le MD
21. SIGNATURE OF FUNERAL SERVICE	E. D.	e and		821 14t	h ST.N.W		neral Home
23. PART*I. Enter the disesses, o shock, or heart fellure IMMEDIATE CAUSE (Final disesse or condition resulting in death)	e. List only one cause o	n aach line.	Wound (of Chest	ch as cardiac or res	piratory arrest	, Approximate Interval Batwean Onset and Death
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST	с	AS A CONSEQUENCE OF					
PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 KN 128 2 NO 27. MANNER OF DEATH	ons contributing to deal	th but not resulting	in the underly	ing cause given in		AN AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 1 YES 2 1 NO
Z5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 \(\text{NO}\) NO	HOSPITAL: 1 □ Inpetiant 2€ ER/	Outpatient 3 DOA	OTHER:	PLACE OF DEATH (Common 5 - Residence			
2 Accident Investigatio	28s. PLACE OF INJ	90 2:30	A M 1	NJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW SUDJECT 281. LOCATION (Streetly or Town, Sta	Was sta	abbed
	YSICIAN: To the best of my k	on street			1500 Blk to the cause(s) and n	Olive	St., Fairmont gts. Pr.Geo., M
T war	Jall (A D	h	29s. LICENSE NU OCME			9/30/90
Mario F. Golle		/ 1	11 Peni	n St.	Balt	imore,	Md. 21201
31, DATE FILED (Month, Day, Hear)	Julia Davidson	Andreas programme					



3. TIME OF DEATH

10d. INSIDE CITY LIMITS? 1 TES 2 NO

8. BIRTHPLACE (State or Foreign Maryland

a

90

21613

Approximate Interval Between Onset and Death krs

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 TYES 2 NO

REG. NO.

2. DATE OF DEATH

7. OATE OF BIRTH (Month, Day, Year) 0 4 21 1894

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

213-50-2244

/5. SEX

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4. SOCIAL SECURITY NUMBER

	100
1	Sunce
o,	within
1314	executed
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O. BC	certificate
J .	death
S	the
E	that
3ECO	requires
	SW.
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OF VI	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	AL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
\leq	OR
	A

shoule		9a. FACILITY NAME (If not institution, give etreet	and number)		9b. CITY, TO	WN OR LOCATION OF DE	ATH	9c. COUR	NTY OF DE	ATH
co .	B	Mallard Bay Nu	rsing Center		Camb	oridge Md	l.	Dor	ches	ster
1, 2,	RECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY							=	
Pages	뿔			l	Y, TOWN OR L				l l	10d. INSIDE CITY LIMITS?
mit.	0		hester	Ca	ambrio					1 VES 2 N
ber l	ERAL	100. STREET AND NUMBER				101. ZIP CODE		10g. CITI	ZEN OF WH	AT COUNTRY?
ransi		302 Gay St.					1613		0,	24
burial-t	r FUNI	1 Never Married 2 Married	P. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 TYPES 25 TYPE IF YES, GIVE WAR OR DATES		If yes	DECENDENT OF HISPAI s, specify Cuban, Maxica YES 2 NO Specify	n, Puarto Rican, etc		Black,	- American Indian White, atc. : White
s the	ВУ	X8								***************************************
ISB a	뎶	15. DECEDENT'S EDUCATI (Specify only highest grade con	npleted) (Gi	ve kind of		PATION g most of working	16b. KIND OF	BUSINESS/IND	USTRY	
Jo 1	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Do NOT us						
iched	MP	7		nome	emakeı					
deta	8	17. FATHER'S NAME (First, Middle, Last)				1	ME (First, Middle, Ma			
d be	BE	George W.					ollie Pr			
shou	10	19a. INFORMANT'S NAME (Type/Print)				reet and Number or Rural	3			
ge 5	- 1	Gorton H. McWi				St., Camb				
certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages in the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal. I, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.		20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	20b. PLACE C	OF DISPO	sition (Name of Market	of cometery, crematory or t Cemeter	У 204	E. N.		ket Md.
al dir		21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE		22. NAN	NE AND ADDRESS OF FA	CILITY	Door		1 17
al. exami		* Kenettel	Thomas J.			Locust				
by the		23. PART I. Enter the diseases, or com	plicetione that coused the de	eth. Do i						Approximat
or n	- 1	ahock, or heart fellure. Lief	t only one ceuse on each line.			,				Onset and
y fille		disease or condition	DUE TO (OR AS A CONSE	. ove	.110	& ml	4 Qu			has
pletel prema		resulting in death) a	DUE TO (OR AS A CONSE	UENCE O	Pi	ruga	reficie			NUS
com nial,	_	_	A50	1/1)	0				IMA
and o	CATION	Sequentially list conditions, b	DUE TO (OR AS A CONSEC	DUENCE O	F):					100
rior 1	ΑT	If eny, leading to immediate ceuse. Enter UNDERLYING	DN	1						uns
phy ene	RTIFIC	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A CONSEC	HENCE O	F):	0 -				1
Hygir Mygir	듄	resulting in deeth) LAST	Ad	Va	nceo	age				gris
emtal emtal	S									1
nd M	AL	PART II. Other significent conditions of	ontributing to death but not n	esulting	In the under	dying cause given in		S AN AUTOPSY RFORMED?		WERE AUTOPSY FIN AVAILABLE PRIOR TO
ith a	MEDICAL	SIDE	UH-				1 _ YE	ES 2 NO		COMPLETION OF CA OF DEATH?
Hea OWS	Ę									1 _ YE\$ 2 _ NO
beer pt. of 3 sh									- 1	
e De	SICIAN	25. WAS CASE REFERRED TO MEDICAL				6. PLAGE OF DEATH (CI	eck only one)			
Stat	Sic		IOSPITAL: Inpatient 2 ER/Outpatient 3	□ DOA	OTHER:	Home 5 - Rasidenca	6 Other (Specify)		
certi	PHYS	27. MANNER OF DEATH	26a. DATE OF INJURY	26b. TIN	1E OF 28	c. INJURY AT	28d. DESCRIBE H		CURED	
this with		1 Natural 5 Pending	(Month, Day, Year)	IN.	JURY M 1	WORK?				
After death	ВУ	2 Accident Investigation 3 Suicide & Could not be	26e. PLACE OF INJURY — A1 ho	me, farm,	atreet, factory,	office	26f, LOCATION (S	treet and Number	r or Rural Ro	oute Number,
after 28 Is	율	4 Homicide 6 Could not be determined	building, atc. (Specify)				City or Town,	State)		
HREC Surs	ET	29e, CERTIFIER								
72 h	COMPLI	(Check only	N: To the best of my knowledge, de							
Ithin INT:	흥	2 MEDICAL EXAMINER:	On the basia of axemination and/or i	investigati	on, in my opini	on, death occured at the	time, data and plac	e, and due to the	ne cause(a)	and manner as sta
HE FI	BE	29b. SIGNATURE AND TATLE OF CERTIFIER		7		29c. LICENSE NU	MBER	29d. DAT	E SIGNED	(Month, Day, Year)
TO THE FUNERAL DIRECTOR: After this of be filed within 72 hours after death with tIMPORTANT: If item 28 is marked,	10	nunu	- WW	n		1)22	-773		10)	8/90
/	F	30. MAME AND APPONESS OF PERSON WHO	OMPLETED CAUSE OF DEATH (ITE	M 27) (Type	Print)	2 240	1 -	,	200	100
B		ITUBERU L.	MEILYIN	1)	303	17412	N 5	1 6	-10m	BRUK
,		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE			7.				

32. REGISTRAR'S SIGNATURE

OCT 09 '90

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

6. AGE (In yrs. last birthday)

YRS.

96

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IF UNDER 1 YEAR IF UNDER 24 HRS.

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	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /				EALTH DEAT		MENTAI	HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH			3. TIME	OF DEATH
4 h	1. DECEDENT'S NAME (First, Middle, Lest) Catherine Mary C. Mosk	.0							10/	037) ^V	O VEAR	1	1:50 am
· i	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. lest	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH			PLACE (State or Foreign
	276-10-6095	1 M 2 F	82	YRS.	MONTHS	DAYS	HOURS	MIN.	9 _ 1 (5-08		Country	_{v)} unga	27
4	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY	r, TOWN (OR LOCATIO	ON OF DE		7 00	9c. COU	NTY OF DI		и у
E 1	Greater Laurel Bel	tsville	Hospita	1		urel					Prin	ice (COOR	200
E.J	RESIDENCE OF DECEDENT					01 01					1 1 1 1 1	100 (JEOI	ge
FUNERAL DIRECTOR	Maryalnd Prin	ice Georg	ge		aure	_	ION						LII	SIDE CITY WITS? ES 2 (NO
A	10e. STREET AND NUMBER					10	ZIP CODE				10g. CITI	ZEN OF W	/HAT CO	UNTRY?
8	11454 Laurel Walk	Drive				ĺ	2070	80			Hur	igary	/	
3	11. MARITAL STATUS		IT EVER IN U.S. ARI		13.	WAS DEC	ENDENT C	F HISPAN	VIC ORIGIN	? (Specify Yes		14. RACE	— Ama	rican Indian,
	1 Never Married 2 Married		YES 2 XXN	10		If yes, sp 1 ☐ YES		n, Mexica Specify		Rican, atc.)		Specia	white,	hite
À	3 Wildowed 4 Divorced						7						24	11166
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a, DE	CEDENT'S	USUAL O	CCUPATR	ON ast of working	wa	16b	KIND OF BU	SINESS/INC	USTRY		
ᇦ	Elementary/Secondary (0-12)	College (1-4 or 5	life	Do NOT u	se retired.)	daning inc	ist or works	·8						
릴	8	0	Ho	omem	aker					Home				
ő	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NA	ME (First, I	Middle, Maiden	Sumame)			
BE C	Andrew Pochuvay						Eliz	zabe:	th 0	llah				
	19a. INFORMANT'S NAME (Type/Print)		191	b. MAILING	ADDRES	S (Street a				ber, City or Tow	n, State, Zip	Code)		
2	Margaret Harbert		1.	1454	Laur	rel	Walk	Dri	ve L	aurel	. Md	207	708	
	201. METHOO OF DISPOSITION 1 1 Burial 2 Cremation 3 Remo		20b. PLACE	OF OISPO	SITION (N	ame of ce	metery cren			_	CATION -			•
	1 1 2 Buriel 2 Cremation 3 Remo	oval from Stata	Oak (1)	rove	Ceme	eter	У			Fo	11ans	bee.	W.	Virgini
- 1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	-				ND ADDRE	SS OF FA	CILITY [, Inc.
4	12/1/1		-	1	7/	501	Candi	, Sn	nina	Dood	taner	al r	10IIIE	20707
			ckery) /	_			_						
	23. PART I. Entar the diseases, or of shock, or heart failure.				not anta	r tha mo	da of dy	ing, suc	h as card	llac or resp	iretory an	rest,		pproximata ntarval Batween
	iMMEDIATE CAUSE (Final												0	Poset and Death
	disease or condition resulting in death)		VA/Seps											
			(OR AS A CONSEC											
Z		Perf	orated	Cae	cum	wit	h Pe	erit	oni	tis				
음 l	Sequantially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSEC	OUENCE C	F):									
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or injury	Thr	ombotic	-0c	clus	ion	of	the	e de	scend	ling	Aor	ta	
片	that initiated events resulting in death) LAST	OUE TO	ombotic OR AS A CONSEC th bila	ter	al]	Lowe	r e	xtre	emit	y isc	haer	nia		
H	resulting in death) EAST	d						_					_	
	PART ii. Other significant condition	s contributing to	death but not r	resulting	in tha u	ndariyin	g cause	given in	Part i.	24a, WAS AN	AUTOPSY	24b	. WERE A	AUTOPSY FINDINGS
₹	COPD; Diab	_								PERFO				BLE PRIOR TO ETION OF CAUSE
	Vascular D	isease	: Proba	ble	Aor	tic	Ste	enos	sis	1 TYES	S M NO		DF DEA	
Σ													1 🗌 Y	ES 2 NO
Ä	& Mitral I	nsuffi	ciency											
2	EXAMINER?	HOSPITAL:			OTHE		LACE OF D	EATH (Ch	eck only or	10)				
YS	1 🗆 YES 2 📉 NO		ER/Outpetlant 3			_	ne 5 □ Ri	sidence	_	. , . , , , , ,				
PHYSICIAN: MEDICAL	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE O (Month,	F INJURY Day, Year)	28b. TII	JURY	W	JURY AT DRK?	_	28d. DE	SCRIBE HOW	INJURY OC	CURED		
B	2 Accident Investigation				М		YES 2	NO						
	3 Suicide 8 Could not be	28e. PLACE building	OF INJURY — Al ho , etc. (Specify)	ome, farm,	street, fac	ctory, offic	in .			or Town, State		r or Aural F	Route Nu	mber,
	4 Homicide datarmined													
7	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best o	f my knowledge, de	eath occur	red at the	time, date	and place	, and due	lo lhe ca	use(a) and ma	nner aa sta	ted.		
COMPLETED	one) 2 MEDICAL EXAMINE	R: On the basis of	examination and/or	Investigati	on, In my	opinion,	death occu	red at the	time, date	and place, a	nd due to ti	ne cause(s	a) and m	anner sa stated.
	29b. SIGNATURE AND TITLE OF CERTIFIES	R .					29c. LIC	ENSE NUI	MBER		29d. DAT	E SIGNED	(Month.	Day, Year)
B	(: 20.	MA						227				0/3		
임		Section	JSE OF OEATH (ITE		014			/			_	/ -	, , ,	

Park Dr. #116

Laurel

na, M.D. 14201
32. REGISTRAR'S SIGNATURE
Julia Davidson-Rondale

Christine (31. DATE FILEO (Month, Day, Year)

oct 0 4 '90

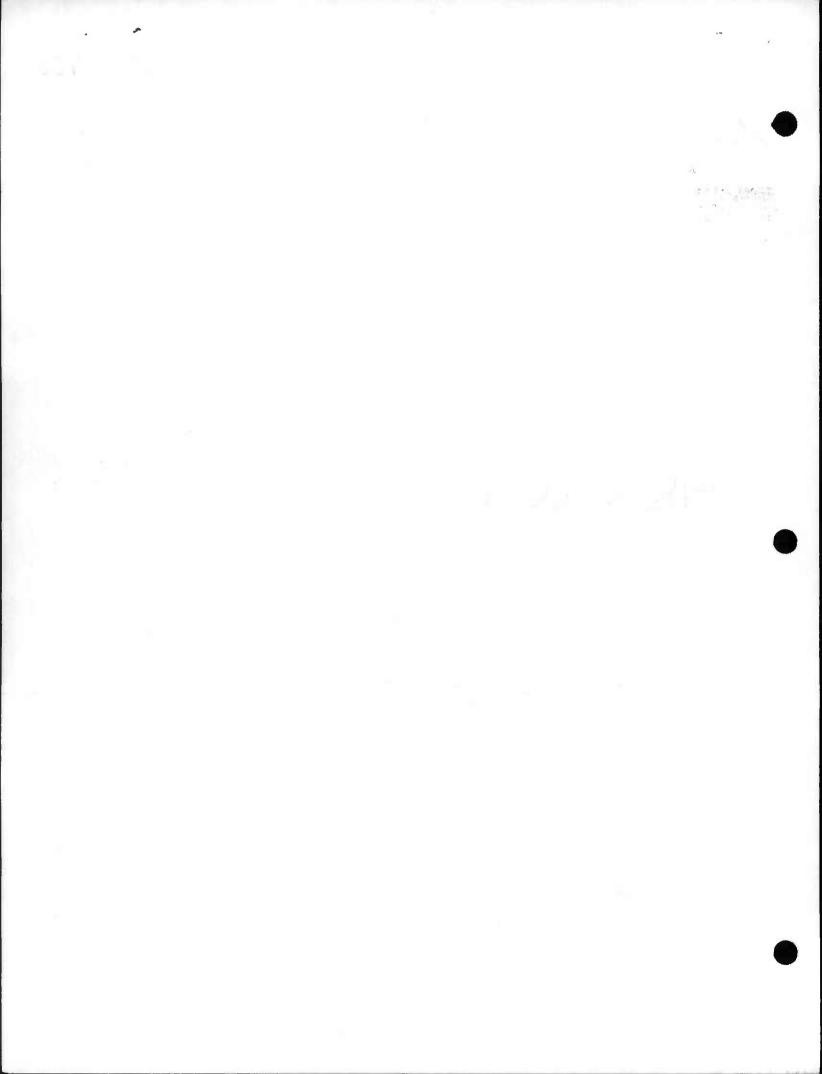
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17203-3146 f or attending physici or use as the burial-	
MAKYLAND 2 e retained by the hospital e 5 should be detached it	and of political
FECORDS, P. O. BOX 13146, requires that the death certificate be executed within 2-203-3146 requires that the death certificate be executed within 2-203-3146 been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transition, or removal.	change and injury or other traumotic asset the medical available must be notified at once
executed within 25 and completely fill to burial, cremation	motic event the
P.O. BOX ath certificate be ttending physiciar tal Hygiene prior	ne other term
records, P.O. BOX 13146, requires that the death certificate be executed within 25-mous after of been signed by the attending physician and completely filled in by the cry Health and Mental Hyglene prior to burial, cremation, or removal.	photos and initia

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28800 FOR STATE REGISTRAR 90 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF GEATH DAY 90 MONTH MOFFE. 1155 В. -LIZA 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 7. DATE OF BIRTH 1 M 2 X F 61 YRS 214 24 2642 5-1-1929 Baltimore, Md 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Anne Arundel Medical Center Annapolis Anne Arundel 10c. CITY, TOWN OR LOCATION 10e. STATE 10h COUNTY 10d. INSIDE CITY Maryland Anne Arundel Annapolis 6 1 - YES 2 X NO 10e STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 1056 Eaglewood Road 21403 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indien, Black, White, etc. 1 Never Merried 2 Merried Specify: White 1 TYES 2 X NO Specify. ВҰ 3 Widowed 4 Divorced No COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 18b. KIND OF BUSINESS/INDUSTRY Elementery/Secondery (0-12) College (1-4 or 5+) 12 Licensed Practical Nurse Hospital 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) William Taylor Ida Smith BE 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19e. INFORMANT'S NAME (Type/Print) 2 Donald E. Bunn Building 948 Apt. 6 Governors Island N.Y. 10004 20a. METHOD OF DISPOSITION
1 KBurlai 2 Cramation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State Donetion 5 Other (Specify) Hillcrest Cemetery Annapolis Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Beall-Evans Funeral Home, P.A. ober 16000 Annapolis Rd. Bowie Md. 20715 PRS 23. PART I. Enter the disessas, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrast, Approximata hock, or heart fellure. Liet only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition DUE TO (OR AS A CONSEQUENCE OF): COROLNANT INSUFFICIENCE resulting in deeth) CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF):

HYPENTEN SON if any, laeding to immediate . Entar UNDERLYING CAUSE (Disesse or injury resulting in dasth) LAST Injury. PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL 03 A (0 163 VSG any COMPLETION OF CAUSE 1 YES 2 NO OF OFATH? 1 TES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINERY
1 PER 2 NO HOSPITAL: OTHER: atlent 2 ER/Outpetient 3 DOA ng Home 5 - Residence 8 - Other (Specify) Ö 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT 28d DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending М 1 YE8 2 NO ВҰ 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, tectory, office building, etc. (Specify) 3 🗌 Bulcide 281, LOCATION (Street end Number or Rural Route Number, City or Town, State) TO THE HOSPITAL OR ATTENDII
TO THE FUNERAL DIRECTOR: AN
De filed within 72 hours after de
IMPORTANT: If Item 28 is i .00 ETED. 8 Could not be 4 Homicide

29e. CERTIFIER (Check only one)	1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at	

29b. SIGNATURS AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER

MI 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Davidson-Randall

HARLES SGAGGA MA 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

5 V PN 21146 108 ASVIGNTON

A. SOORLA SECURITY NUMBER? A. SERY. A. ASE (MY YR. NEW CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAND CONTROLLAN	A SOCIAL SECONITY NAMED AT SITE AND ADDRESS A SACE AND ADDRESS ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIATION AND ADDRESS ASSOCIA		1 - STATE REGISTRAR 1. DECEDENT'S NAME (First,	t Miciclin I net)			ERTIF	ICATE				REG 2. DATE OF DEA	NO.	90	2880
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TO BE COMPLETED BY FUNERAL DIRECTOR-

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 is held within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

- STATE REGISTRAR		A A	Cl	ERTIF		F DEATH	MENTA	REG. NO.			
1. DECEDENT'S NAME (Fig.			- 1		100		2. DATE	E OF DEATH	52	YEAR	3. TIME OF DEATN
		Will		athi	Ş/e		10	2-5	- 9	10	8 33 P. W
4. SOCIAL SECURITY NUMBI	· i	5. SEX	6. AGE (In yrs. las		IF UNDER 1 YE		, 7. OATE	th, Day, Year)	39	6. BIRTH Country	PLACE (State or Foreign
2124035	/_/	1-1 M 2 F	51	YRS.			7	-/35	19		md.
9a. FACILITY NAME (If not ins	titution, give stre	et and number)	T			VN OR LOCATION OF			17	ITY OF D	
Howard	Col	Jen. F	1050		CL	lumbi	a		110	1000	ird
RESIDENCE OF DEC	10b. COUNTY			10c CIT	Y, TOWN OR LO	CATION					10d. INSIDE CITY
Md.	How	ard		1001 011		Friend	ship				LIMITS?
1º1U .	now	aru			Webe	101. ZIP CODE	5112		10a CITI	ZEN OF W	1 TYES 2 NO
an imperimental established	, .	1- D	a			21794			7 :		JSA
12440 Fr			CL VT EVER IN U.S. AF	DMED	12 WAC	DECENDENT OF NISI	ANIC ORIGI	N2 /Specify Ves			
Never Married 2 💢		FORCES?	YES 2X		If yes	s, specify Cuban, Max	ican, Puarto		- NO		— American Indian, , White, atc.
Widowed 4 Divor	rced	IF YES, GIVE	WAR OR DATES		_ '	YES XIXNO Spe	offy:			Speci Whi	
	EDENT'S EDUCA		16a. DI	ECEDENT'S	USUAL OCCUP	PATION	166	b. KIND OF BUSI	NESS/IND		
Elementary/Secondary (0-	highest grade of	College (1-4 or 5	166	a. Do NOT u	work done during se retired.)	most of working		Sch	001		
9		==		15	Custo	dian		H	owai	rd C	o.
7. FATHER'S NAME (First, Mi	ddle, Last)							Middle, Malden S			
Charle	s Wil	lard M	athis,	Sr.		Qui	nnie	Mathi	S		
9a. INFORMANT'S NAME (Ty	rpe/Print)	: .	19	b. MAILING	ADDRESS (Str	eet and Number or Rui	ral Route Nun	nber, City or Town,	State, Zip	Code)	21794
Janett	e Mat	his	1	2440	Fred	erick Re	d. We	est Fr	ien	dshi	p, Md.
0a. METNOD OF DISPOSITI		at the second	20b. PLACE other p	lana)	SITION (Name of	f cemetery, crematory	00	20c. LOC	ATION -	City or To	wn, State MC.
□ Donation 5 □ Other		viii irom state		Cre		n Mem.					sville
1. SIGNATURE OF FUNERAL	SERVICE LICE	NSEE	8"		22. NAW	E AND ADDRESS OF	FACILITY.	aht Fu	nera	al E	lome
> Herr	W 411	1. Ha	abt		Bo	x 195 S	vkes	ville,	Md	. 21	784
23. PART i. Enter the d	deeses, or co	omplications the	it caused the d	eath. Do							Approximete
shock, or Ne	ert feilure. L	ist only one ca	use on eech iin	e.		- 7					Interval Between
IMMEDIATE CAUSE (Fin disease or condition		Mr.a.a.	Danil	To !	1						2WKS
resulting in death)	a.	DUE TO	COR AS A CONSE	OUENCE	и / С)F):						- 3
		Metros	miller 5m	v11 /	all Line	ylnnus					1145.
Sequentially list condition if env. leeding to immediate		DUE TO	OR AS A CONSE	OUENCE C	F):)					
ceuse. Enter UNDERLYi	NG	Prain	mutastr	515							Zuits.
that initiated events		DUE TO	OR AS A CONSE	OUENCE C	PF):						
resulting in death) LAS	d.										
PART ii. Other significe	nt conditions	contributing to	death but not	resulting	in the under	lving cause given	in Part i.	24a, WAS AN	ULLODESA	24b	WERE AUTOPSY FINDINGS
						,g g		PERFOR	WED?	- "	AVAILABLE PRIOR TO COMPLETION OF CAUSE
								1 TES 2	No		OF DEATH?
											1 YES 2 NO
5. WAS CASE REFERRED TO	MEDICAL T					6. PLACE OF DEATH	(Check only)	one)			
EXAMINER?	11111 (2007)	HOSPITAL:	☐ ER/Outpatient	2 🗆 2004	OTHER:						
7. MANNER OF DEATN		28e. DATE O		28b. TII		Home 5 Residen	_	ESCRIBE HOW IN	JURY OC	CURED	
	Pending	(Month,	Day, Year)	IN	JURY	WORK? YES 2 NO					
2 Outside	Investigation		OF INJURY — At h	ome, farm,			28t. LO	CATION (Street a	nd Number	or Aural I	Route Number,
	Could not be determined	building	i, etc. (Specify)				Cit	y or Town, State)			
9a. CERTIFIER 1 CERT	JEVING DRIVERO	IAN: To the head:	of my knowledge of	lanth acco	read at the st-	date and place, and	due to the	augale) and	000 00 -4	lad	
Chock only											a) and manner as stated.
	OF CENTURE			gati		29c. LICENSE D383		T and place, and	00.1 0.1	E 0101:2	At-us County
29b. SIGNATURE AND TITLE	///	11/2				29C. LICENSE	NUMBER		Zyd. DAT	E SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CA	USE OF DEATH OF	EM 27) /50	e Print	0583	UCI		U	010	1970
Mr. Mr. at 1 4	D. Jan	laker 70	m leath	1 (1	12144	24 Cellin	bear 1	n:/ 21	044		
31. DATE FILED (Month, Day,	Moar)	32. REGISTE	AR'S SIGNATURE	///	104	, 00/00//		-1	-		
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Ą	1. DECEDENT'S NAME (First, Mi									MONTH		W 1	/EAR	TIME OF DEATH
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;	4. SOCIAL SECURITY NUMBER	R	5. SEX		In yrs. last birthday)	MONTHS	DAYS	HOURS	24 HRS. MIN.	(Month	OF BIRTH , Day, Year)		Country)	ACE (State or Foreign
34	21-05-1630		A	9	O YRS.						24-19			ford, C
	9a. FACILITY NAME (If not instit					96. CITY			ON OF DE	ATH		9c. COUNT		
Ö	Laurelwood	Nurs	ing Hom	ne				E1kt	on			l	Cec	il
DIRECTOR		10b. COUNTY	r		10c. Cl	TY, TOWN	OR LOCAT	TION					1	od, INSIDE CITY LIMITS?
8	De.	New	Castle			Wil	min	gtor	1				1	YES 2 NO
A	10e. STREET AND NUMBER						101	f. ZIP COD	E			10g. CITIZE	N OF WH	AT COUNTRY?
EB	29 Corb	oin C	ourt					19	805			U.	S.A	
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	WILE.	12. WAS DECEDEN								? (Specify Yes Rican, atc.)	or No-	4, RACE - Black, 1	- American Indian, White, atc.
2	3 Widowed 4 Divorce		IF YES, GIVE Y	WAR OR DA	ATES XX	-1	1 TYES	2 NO	Specify				Specify:	White
	XX 15. DECED	DENT'S EDU	CATION		16a. DECEDENT'S	B USUAL C	CCUPATIO	ON		18b.	KIND OF BUS	BINESS/INDU	STRY	
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COMPLETED	6	-,	College (1-4 of 6	"	Homema	aker						at ho	me	
8	17. FATHER'S NAME (First, Micho	irlie, Last)						18. MOT	HER'S NAI	AE (First, A	Middle, Maiden	Sumame)		
EC	John .	Ba1	inski					1	Mary	Baı	czgel	ski		
m	19a. INFORMANT'S NAME (Type	ne/Print)									ber, City or Tow			
2	Carrie Bla	nchf	ield		28 P:	rosp	eri	ty I	8. N	ew (Castl	e, De	. 1	9720
	20a. METHOD OF DISPOSITION	N 3 ∏ Rem	oval from State	20b	o. PLACE OF DISPO	DSITION (N	eme of ce	vnetery, cre	matory or		20c. LO	CATION — CI	ty or Tow	n, State
	4 1 Donation 5 - Other (S	Specify)		_ LA	11 Sair	nts	cem	etei	· v		Wi	lming	ton	, De.
	21. SIGNATURE OF FUNERAL	SERVICE LIC	CENSEE	11		7.1					259	E. M	lain	St.,
	17/100	//	160 10 11 11			-								
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TIFICATION	ahock, or hea IMMEDIATE CAUSE (Final	art feilure.	List only one ca	use on a		not ente	r the mo	ode of dy	ring, sucl	n aa card	ETK	ton,		21921 Approxima interval Ba
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COMPLETED BY PHYSICIAN: MEDICAL	ahock, or hea iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list condition if any, leading to immedi cause. Enter UNDERLYIN CAUSE (Disease Dr Injury that initiated events resulting in death) LAST PART II. Other aignificant 25. WAS CASE REFERRED TO EXAMINER? 1	ons, late (G y) Int condition MEDICAL Pending myestigation Could not be betermined FYING PHYS CAL EXAMINI OF CERTIFIE THE	A. DUE TO B. DUE TO DUE TO C. DUE TO DUE TO DUE TO A. DUE TO DUE TO C. 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WAS AN PERFO! 1 YES: ar (Specify) SCRIBE HOW CATION (Street or Rown, State	NAUTOPSY RMED? 2 NO INJURY OCCI	24b. \\ 24b. \\ URED or Rural Ro d. cause(e)	Approxima interval Ba Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Oneet and Onee

TO BE COMPLETED BY FUNERAL DIRECTOR.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within, and more after death. Page 6 may be retained by the hospital or attending to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Lanzi,

M.D.

32. REGISTRAR'S SIGNATURE
Julia Javidson-Randelle

Joseph G.

31. DATE FILED (Morth, Day, 1997)

OCT 0 4 90

FOR 1 - STATE REGISTRAR	STATE OF MARY		TMENT OF H		MENTAL HYGIEN REG. NO	E	0 288	04
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DE	ATH
	Thomas E.	Mahone	ey.		October 4		YEAR 1045	M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7, DATE OF BIRTH		8. BIRTHPLACE (State or	Foreign
216-16-5127	1 🔀 M 2 🗆 F	66 YRS.	MONTHS DAYS	HOURS MIN.	April 14,	L924	Maryland	
9a, FACILITY NAME (If not institution, give str			9b. CITY, TOWN	OR LOCATION OF OR	ATH		ITY OF DEATH	
Union Hospital of	Cecil Cour	nty	Elkto	n		Cec	:i1	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c, CIT	, TOWN OR LOCA	TION			10d. INSIDE CI	TY
Maryland Ceci	1		kton				LIMITS?	
10a. STREET AND NUMBER			10	f. ZIP CODE		10g. CITIZ	ZEN OF WHAT COUNTRY	
245½ Mackall Stre				21921		U.	S.A.	
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YE	8 2 X NO			NIC ORIGIN? (Specify Yea in, Puerto Ricen, etc.)	or No-	14. RACE — American in Black, White, etc.	dlen,
3 Wildowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 TYES	NO Specif	y:		Specify: White	
15, DECEDENT'S EDUC		18a. DECEDENT'S	USUAL OCCUPATI	ON	18b. KIND OF BU	SINESS/IND	USTRY	
(Specify only highest grade of Elamentary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of w life, Do NOT us	ork done during me e retired.)	ost of working				
11		Truck	Driver		Freigh	t Tra	nsportatio	n
17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	ME (First, Middle, Maiden	Sumeme)		
Harry H.	Mahoney				Grace Han	son		
19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow			
Jean S. Mahoney				1 Street	Elkto	n, MD	21921	
20a. METHOO OF DISPOSITION 1 Durial 2 To Cremation 3 Ramo	val from State	ob. PLACE OF DISPOS other place)					City or Town, State	
4 Donation *8 Other (Specify)	- LICEE	R.A. Fer					ester, PA	
21. SIGNAL OF PONERAL SERVICE EXC	1		Hic	ks Home	for Funera	ls, F	.A.	
Donald &	Hicko	<u> </u>	Elk	ton. MD	ckton Stre	ets		
23. PART I. Enter the diaeases, or co ahock, or heart failure. L			ot antar the mo	ode of dying, suc	h se cerdiac or resp	Iratory ern		lmate Between
IMMEDIATE CAUSE (Final	(().	D.					ind Daeth
diseese or condition reaulting in death)		mda	M	Kmin	any Ce	ne	X	
	DUE TO (OR A	A CONSEQUENCE OF	*) (1	
Sequentially list conditions,	OUE TO JOSE 4	A CONSEQUENCE OF	م لا و	ucas	-			
if any, leading to immediate cause. Enter UNDERLYING	DOE TO (OH AL	16 (1)	1 1				i	
CAUSE (Disease or injury that initieted events	DUE TO (OR A)	A CONSEQUENCE OF	year	1				
resulting in death) LAST		Un	0540	4A 1				
			1				,	
PART II. Other algolficant conditions	contributing to deeth	but not reaulting	in the underlyin	ig cause given in	Part I. 24a. WAS AN PERFO		24b. WERE AUTOPSY AVAILABLE PRK	OR TO
					1 🗆 YES :	NO I	OF DEATH?	F CAUSE
							1 YES 2	□ NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF OEATH (C)	neck only one)			
1 TYES 2 THO	1 Tripatient 2 ER/O				8 Other (Specify)			
27. MANNER OF DEATH 1 Tatural 5 Pending	28a. DATE OF INJUR (Month, Day, Yea:		URY W	JURY AT ORK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCC	,UKEU	
2 Accident Investigation	28a PLACE OF IN III	BY — At home form			201 LOCATION (Street	and Alumbar	or Rural Boute Mumber	
3 Suicide 8 Could not be 4 Homicide detarmined	building, etc. (S	RY — At homa, farm, a pecify)	eet, ractory, one		City or Town, State	ana numbe r)	or Rural Route Number,	
29e. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my kn	owledge, death occurs	ed at the time. det	and place and due	to the cause/s) and me	nner en etet	ed.	
anal and	3: On the busined examine							e stated.
29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU			E SIGNED (Month, Day, Yes	
X and	May	42		D06	181		tober 4, 19	

721 Bridge Street

21921

Elkton, MD

#000m 02

BALTIMORE, MARYLAND 21203-3146

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

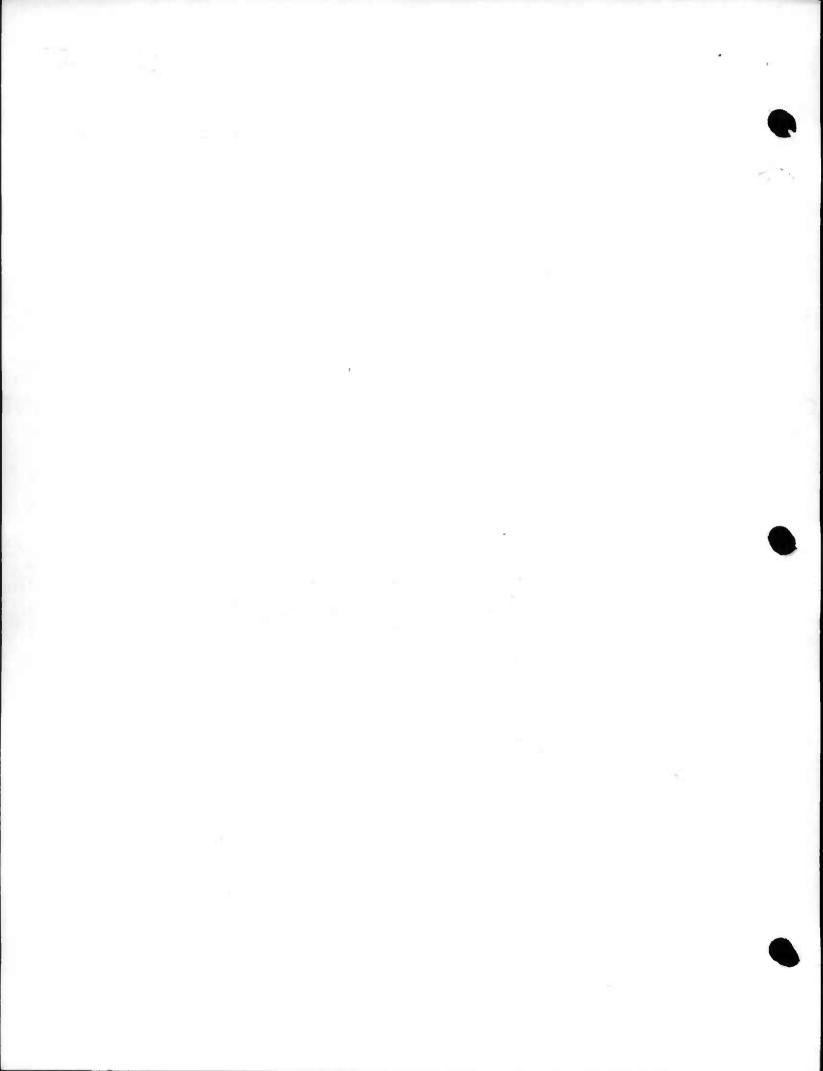
	1 REGISTRAR CERTIFIC	ATE OF DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest) BETTY LYNN MURPH	Y	2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5. SEX & AGE (in yet Asset berthday) 8	F UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	6. BIRTHPLACE (State or Foreign	
	217-60-5001 1 M 2 X F 38 (38 YRS. TO	ONTHS DAYS HOURS MIN.	(Month, Day, Year)	Pennsylvania	
œ	rnysterans mem. nospital	b. CITY, TOWN OR LOCATION OF DE	-11	OUNTY OF DEATH	
DIRECTOR	KKXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		A PLATA (Charles	
E		TOWN OR LOCATION		10d. INSIDE CITY LIMITS?	
2	Maryland Charles Wa	ldorf	100.0	1 YES 2 NO	
FUNERAL	Lot ^D 7 Idlewood Trailor Park	20601		U. S. A.	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, specify,Cuban, Mexican	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:		
	15. DECEDENT'S EDUCATION 16e. DECEDENT'S US	UAL OCCUPATION	16b. KIND OF BUSINESS/	White	
COMPLETED	(Specify only highest grade completed) Elementery/Secondary (0-12) 12 (Give kind of won life. Do NOT use r Home Ma	k done during most of working etired.)	At Home		
NO.	17. FATHER'S NAME (First, Middle, Last)		ME (First, Middle, Maiden Surname	o)	
BEC	Charles Swope		da Swope		
6		DDRESS (Street and Number or Rural F	· ·		
		7 Idlewood To		, Waldori, Ma.	
	II 1 ↑ Buriel 2 ☐ Cremetion 3 ☐ Removal from State Other place)	of God Cemete	ery Cedar	ville, Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Arehart Fune	eral Home,		
-	23. PART in Enter the diseases, or complications that caused the death. Do not	La Plata, Ma			
	ehock, or Meart fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel)	The condition of temperatury	interval Between Onsat end Death	
	disease or condition resulting in death) a. The ob him (consequence of):) VU DO SE		hous>	
NO NO	Sequentially liet conditions, if any, leading to immediate				
CAI	CAUSE (Disease or Injury				
CERTIFICATION	thet initiated events oue TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST				
	DART II. Other cleatificant conditions contributing to death but not required in	the medaululan anne musa la	Part i. 24a, WAS AN AUTOPS	SY 24b. WERE AUTOPSY FINDINGS	
CAL	PART II. Other significent conditions contributing to death but not resulting in	the underlying cause given in	PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
PHYSICIAN: MEDICAL			1 □ YES 2 NO	OF DEATH? 1 ☐ YES 2 ☑ NO	
ä					
CIA		26. PLACE OF DEATH (Ch	eck only one)		
HYS	27. MANNER OF DEATH 260. DATE OF INJURY 28b. TIME		6 ☐ Other (Specify) 26d, DESCRIBE HOW INJURY	OCCURED	
ВУ Р	1 Natural 5 Pending (Month, Day, Year) INJUR 2 Accident Investigation	M 1 YES 2 NO			
	3 Sulcide 8 Could not be determined 28e. PLACE OF INJURY — At home, ferm, structure building, etc. (Specify)	281. LOCATION (Street and Nurr City or Town, State)	LOCATION (Street and Number or Rural Route Number, City or Town, State)		
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred	at the time, dete end piece, end due	to the ceuse(e) end menner es	atated.	
NO.	one) 2 MEDICAL EXAMINER: On the beele of examination and/or investigation,	In my opinion, death occured at the	time, date end piece, end due t	o the ceuse(s) end menner ee stated.	
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUI	MBER 29d. I	DATE SIGNED (Month, Day, Year)	
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, P	10013	TO	10 19 96	
	HM HAM 208 May as (+ R. Ita G	Plata, Mt 21	0646		
П	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 1. Ling Javidon Rendelle				

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECTOR

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		IENTAL HYGIENE		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	Mary Madeline	Mattingly	J			MONTH DAY	- 90	1915 M
			In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6. BIRT	THPLACE (State or Foreign
	214-28-4061 A 9e. FACILITY NAME (If not institution, give stre	1 M 2 F	77 YRS.	MONTHS DAYS	HOURS MIN.	07-22-13	Ma:	ryland
FUNERAL DIRECTOR	Physicians Memorial Hospital La Plata						Char	
<u>n</u>	10e, STATE 10b, COUNTY			TOWN OR LOCAT	TON			10d. INSIDE CITY
# I	Maryland Char	les	Inc	dian He	ead			LIMITS?
4	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
ER	1413 Straus Ave			1 2	20640		U.S.A	
5		12. WAS DECEDENT EVER IN				C ORIGIN? (Specify Yee	or No- 14. RAG	CE — Americen Indien, ck, White, atc.
	1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES			ecify Cuban, Mexicen 2 NO Specify:		Spe	natty:
BY							-	hite
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	NTION ompleted)	16a. DECEDENT'S I	ork done during mo	ON ast of working	16b. KIND OF BUS	INESS/INDUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use				1 4 1	
M	12th		Bookke	eeper				ninistratio
8	17. FATHER'S NAME (First, Middle, Last)					AE (First, Middle, Maiden :		1
띪	William Nalley					e Lee Cas		
2	19a. INFORMANT'S NAME (Type/Print)		1	·		oute Number, City or Town		0.640
	Nancy E. McGuig					dian Head		
	20a METHOD OF DISPOSITION 1 N Burlel 2 □ Cremetion 3 □ Remove	val from State	o. PLACE OF DISPOS other place)				CATION — City or	
	4 Donetion 5 Other (Specify)		t. Char				mont, 1	MD
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		Areh:	ND ADDRESS OF FAC	eral Home	Tnc.	
	Jennton (2- Whon	Let			7, LaPlat		
	23. PART i. Entar the diseases, or co	emplications that cause	d the death. Do n					Approximata
	shock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final Conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the conservation of the con							
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BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 VIO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER? 29b. SIGNATURE AND TITLE OF CERTIFUER	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A CONTRIBUTING TO GRAPH CONTRIBUTION 28e. DATE OF INJURY (Month, Dey. Year) 28e. PLACE OF INJURY building, etc. (Spe	patient 3 DOA 28b. TIMI INJ	26. Print)	LACE OF DEATH (Che ne 5 Reeldence JURY AT PK? YES 2 NO ne end plece, and due death occured at the	PERFOR 1 YES 2 Sck only one) 8 Other (Specify) 26d. DESCRIBE HOW II 26f. LOCATION (Street a City or Town, State) to the cause(a) end mar time, date and place, en	MED? NO NJURY OCCURED and Number or Rurs nner as stated.	Nb. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO If Route Number,



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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or rem	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medic
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Tiple	Cre	ven
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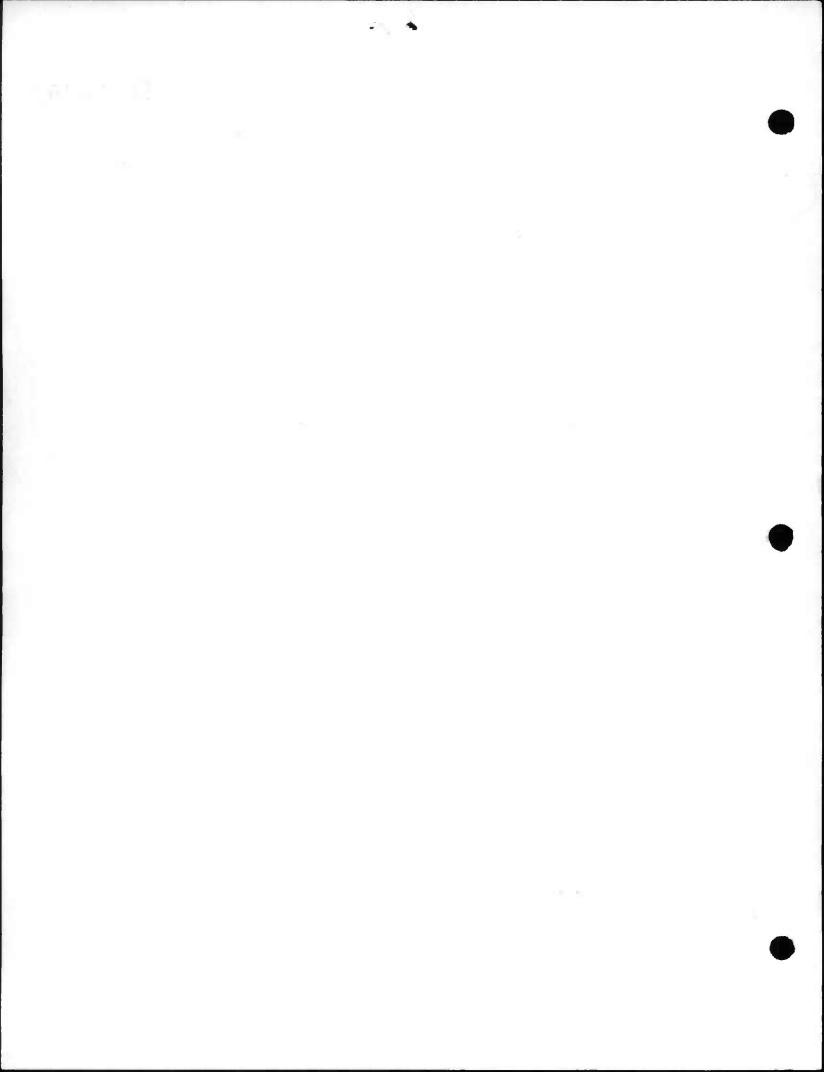
	- REGISTRAR		CE	RTIFIC	CATE O	F DEATH		REG. NO.		• •	20001
	1. DECEDENT'S NAME (First, Middle, Last)							OF DEATH			. TIME OF DEATH
		Ellen M	ians+o	f			MONTH	ember		YEAR	71.25 - M
	4. SOCIAL SECURITY NUMBER		GE (in yrs. last		IF UNDER 1 YEA	R IF UNDER 24 HR					ACE (State or Foreign
- 1		1 M 2 F			ONTHS DAY		. (Month,	Day, Year)		Country)	
	251-94-5526		80	11/2/				1 20,			ssia
	9s. FACILITY NAME (If not institution, give atr	eet and number)		1	b. CITY, TOW	N OR LOCATION OF	OEATH		9c. COUNT	TY OF DEA	тн
6	Suburban Ho	spital				Bethesc	la		M	onta	omery
ᄓ	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY										
DIRECTOR	10e. STATE 10b. COUNTY			10c. CITY,	TOWN OR LO	CATION				'	0d. INSIDE CITY LIMITS?
۵	Maryland M	lontgomery				Bethe	esda			1	TYES 2 NO
4	10e. STREET AND NUMBER					101. ZIP CODE			10g. CITIZ	EN OF WH	AT COUNTRY?
BY FUNERAL	5114 Ma	nning Driv	'e			20	814		Uni	ted s	States
3	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARI	MEO	13. WAS (ECENDENT OF HIS	PANIC ORIGIN	? (Specify Yes	or No—	14. RACE -	- American Indien, White, etc.
<u> </u>	1 Never Married 2 Married	FORCES? 1 Y		0		Specify Cuben, Me: 'ES 2 NO Sp		lican, etc.)		Black, \ Specify:	
	3 Widowed 4 Divorced					20 020					hite
COMPLETED	15. DECEDENT'S EDUC	ATION	18e. DE	CEOENT'S U	SUAL OCCUP	ATION	16b.	KIND OF BU	SINESS/INDU		
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Gi	ve kind of wo Do NOT use	rk done during retired.)	most of working					
4	12	conege (1-4 of a +)		,	operat	0.20			mala	la	
2	17. FATHER'S NAME (First, Middle, Last)				ретац		NAME (First, A	tiririla Mairian		Olffolff	Company
		27 - 1.7 .				loc morrison o	Transact in word in				
B	Not Ava	птавте							Avail		
2	19a. INFORMANT'S NAME (Type/Print)		196	. MAILING A	DDRESS (Stre	et and Number or Ru	iral Houte Numb	er, City or Tow	n, State, ZIP (Code)	
	Herbert E.					g Drive					
	20a, METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Remo	oval from Stale	20b. PLACE other pla	OF DISPOSIT	TION (Name of	cemetery, cremetory	or	20c. LO	CATION — C	lly or Town	n, State
	4 🗆 Donation 5 🗆 Other (Specify)	200 200 11111			Memor	ial Park		Fa	irfax	. Vi	rginia
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1		22. NAMI	AND ADDRESS OF	FACILITY	Funo	וו וביי	000/	3
	· /)) K //	1		Beth	rt A. Pu esda-Che ue Bethe	vy Cha	se, I	nc. 7	557 t	Wisconsin
	July 1	1) egker		00335	Aven	ue Bethe	sda, M	iaryla	nd 20	814	
	23. PART I. Enter the diseases, or c shock, or heart fellure. I	omplicetions that cause of	used the de on eech line	ath. Do no	t enter the	mode of dying,	such ss card	lec or resp	iretory srre	st,	Approximete
	IMMEDIATE CAUSE (Final	•									Onset and Death
	disease or condition resulting in death)	Bilatera	al Pne	umoni	а						5 Days
			AS A CONSEC								
z	.	Cerebro	ovascu	lar A	ccide	nt					5 Days
2	Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEC	DUENCE OF)							
8	ceuse. Enter UNDERLYING	Chron	ic Obs	truct	ive P	ulmonary	Disea	se			10 Years
Ē	CAUSE (Disease or injury that initiated events	DUE TO (OR	AS A CONSEC	DUENCE OF)							
F	resulting in death) LAST										
CERTIFICATION											
4	PART II. Other significent condition	s contributing to dea	th but not r	esulting in	the underl	ying ceuse given	in Part I.	24a. WAS AN PERFO			VERE AUTOPSY FINDINGS WAILABLE PRIOR TO
DICAL								1 TYES			COMPLETION OF CAUSE OF DEATH?
											YES 2 NO
2											D 185 - D 115
A	25. WAS CASE REFERRED TO MEDICAL				21	. PLACE OF DEATH	(Check only on				
PHYSICIAN: ME	EXAMINER?	HOSPITAL:			OTHER:						
Z		1X Inpetient 2 ER				tome 5 - Resider	_				
F	27. MANNER OF DEATH 1 X Natural 5 Pending	28a. DATE OF INJU	oar)	28b. TIME INJU	RY	INJURY AT WORK?		CRIBE HOW	INJURY OCC	UHED	
BY	2 Accident Investigation					YES 2 NO					
	3 Suicide 8 Could not be	28e. PLACE OF IN. building, etc.		me, ferm, st	reel, factory,	office		ATION (Street or Town, State		or Rural Ro	ute Number,
=	4 Homicide determined										
7	29e. CERTIFIER 1 X CERTIFYING PHYSI	CIAN: To the best of my	knowledge, de	ath occurred	at the time,	date end plece, end	due to the cau	ise(e) end me	nner ee state	ıd.	
COMPLETED	one) 2 MEDICAL EXAMINE	R: On the basie of exami	nation end/or	Investigation	, in my opinio	n, death occured at	The time, date	end place, e	nd due to Ihe	ceuse(e)	end menner es stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE	WIMDED		204 0475	CIONED /	Month, Day, Year)
BE	ZOL SIGNATURE AND THEE OF CENTRE	lovell						_			
70	- CN	0 - 0(-		UX	0065		0c	tober	2, 1990
	30. NAME AND ADDRESS OF PERSON WH										
	Eva M. Morell M.			re Bou	levar	d Rockvi	lle, M	aryla	nd 208	852 #	511
	31. DATE FILED (Month, Day, Year)	32 REGISTRAN'S Julia David	SIGNATURE				1 1111				
		Chilla Jane	runa_/tan	de 22_							

TO BE COME	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
he funeral director, page 5 should be detache ral.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
er death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x curs after death. Page 6 may be retained by the hosp

	FOR STATE REGISTRAR		STATE OF MA					EALTH A			YGIEN		90	2	288	08
	1. DECEDENT'S NAME (First,	Middle, Last)						·		DATE OF DE			YEAR	3. TIME	OF DEAT	Н
			Balkrish	na Ma	dan				O	oct. 4	1, Ï	990	YEAR	10:	30	Ам
	4. SOCIAL SECURITY NUMB	ER	5. SEX (B. AGE (In yrs. I	lest birthday)	IF UNDER 1		IF UNDER 24	10.101	DATE OF BIS (Month, Day,			B. BIRTH	PLACE (State or Fo	reign
	579-70-763	2	1 XM 2 ☐ F	79	YRS.	MONTHS	DAYS	HOURS A		ily 1		.911	Ind			
_	9e. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY, T	OWN C	R LOCATION	OF DEATH	1		9c. COUNT	Y OF D	EATH		
DIRECTOR	Montgomery RESIDENCE OF DEC	Z Gene:	ral Hospi	tal		Olne	ey					Mont	gome	ery		
ည္က	10e. STATE	10b. COUNTY			10c. CI1	Y, TOWN OR	LOCAT	ION						10d. INS	SIDE CITY	
吉	Maryland	Mont	gomery		Sil	ver S	pri	ng.							MITS? ES 2 K	NO
A	10e. STREET AND NUMBER						-	. ZIP CODE				10g. CITIZ	EN OF W	HAT CO	UNTRY?	
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핃		EDENT'S EDU y highest grade			DECEDENT'S (Give kind of life, Do NOT u	work done du	CUPATION	ON st of working		16b. KIND	OF BUS	SINESS/INDU	STRY			
١٣	Elemantary/Secondary (0	1-12)	College (1-4 or 5+)			,				Total		dama1	Mo-			Daniel of
COMPLETE	17. FATHER'S NAME (First, M	Note to the	8	EXE	ecutiv	e Dir	ect					ional	MOI	nita	iry r	una
								_		(First, Middle,						
믦	Shiv Ram Ma			Т	10b MAII IN	ADDRESS /	(Street s	nd Number or		/i Chl			"ode)			
임	Pradeep B.							Court								
	20e. METHOD OF DISPOSIT							netery, cremato		LBOIT,		CATION — C		wn. State		
	1 Donation 5 Other		oval from State	other	place)	Crema			,			ver S				/land
	21. SIGNATURE OF FUNERA		CENSEE	1		22. N	AME A	NO ADDRESS						-07	- I J	
	De Sec	N K	1/ 1/2	à				Funera						MD	2001	
	23. PART I. Enter the d	/	7	caused the	death. Do			ist Av							pproxim	
			Liet only one caus			not onto t	110 1110	de or dying	, such e	e cardiec (- in	nterval B	etween
	IMMEDIATE CAUSE (FIR		Liet only one caus	e on each li	ne.				j, such et	e cardiec (- in	naet and	etween d Deeth
			Liet only one caus		ne.	.1 5.			j, such ee	e cardiec				- in		etween d Deeth
7	IMMEDIATE CAUSE (Fir disease or condition		Liet only one caus	e on each li	ne.	.1 5.			, such ed	e cardiec (- in	naet and	etween d Deeth
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ES 2 Day, Year)	etween d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth d Deeth

31. DATE FILED (Month, Day, Year)
OCT 05 '90

32. REGISTRAR'S SIGNATURE Julia Savidson Randell



TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

90 28809

(4		
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be to the found within 12 to burial that have any interpretable and completely filled in the model of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties	

REGISTRAR		CERTIFIC	ATE OF	DEATH	R	EG. NO.		
1. DECEDENT'S NAME (First, Middle, Lest)			5 0		2. DATE OF D	DEATH	YEAR	3. TIME OF DEATH
Roben	T Cla	nk M	- 66	4	10	2	90	8 A H
4. SOCIAL SECURITY NUMBER	100		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B (Month, De	SIRTH V. Venr.)	8. BIRT	HPLACE (State or Foreign
578-28-6151	1,2 M 2 🗆 F	64 YRS. MON	ITHS DAYS	HOURS MIN.		02/2	6	HPLACE (State or Foreign Inv) IOWA
Sa. FACILITY NAME (If not institution, give st	reet and number)	T/02 1	CITY, TOWN	R LOCATION OF DE	ATH	90.	COUNTY OF I	DEATH
11366 CHERRYH	111Kd 4	110-	32/ナ	ゴン・ハイ		1	HINU	e beorgs
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	,	400 CITY TO	OWN OR LOCAT	TION		-		10d INSIDE CITY
MD Princ	e 400-91		1/51	1:110			-	YES 2 NO
11366 Cherry H	1:11 Rd ap	1 102	101	20705	5	17.00		States
11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	ENDENT OF HISPAN ecify Cuben, Maxica 2 NO Specify	, Puarto Ricar		o— 14. RAC Blac Spec	E — American Indian, ck, White, etc.
15. DECEDENT'S EDUC		16a. DECEDENT'S USL			16b. KIN	ID OF BUSINES	SS/INDUSTRY	
(Specify only highest grade Elementary/Secondary (0-12)	Completed) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mo tired.)	st of working				12.1
9 years		Grocer			G	rocery	Store	
17. FATHER'S NAME (First, Middle, Last)			• •	16. MOTHER'S NAI	ME (First, Middl	le, Maiden Suma	ame)	
John McCoy	7			Anna	Max	rie M	itchel	1 4
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	and Number or Rural F	Poute Number, C			
Mary McCoy			as # 1					
20a. METHOD OF DISPOSITION	200	. PLACE OF DISPOSITION				20c. LOCATIO	ON — City or T	own, Stata
1 Donation 5 Other (Specify)	oval from State St	other place)		Glen Cer	netery	Silv	ver Sp	ring, Md.
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	oan e	22. NAME A	ND ADDRESS OF FA	CILITY	Homo		,
Nonald V	Bogwan	H.	4400		/ill R	oad Be		le, Md.20705
23. PART i. Enter the diseases, or o	complications that caused List only one cause on a	d the death. Do not	antar tha mo	da of dying, sucl	h aa cardiac	or reapirato	ry erreat,	Approximate interval Between
IMMEDIATE CAUSE (Final	5050000 TO							Onset and Deeth
disease or condition resulting in death)	MYOCA	rdial la	Gara	Tion				MINUTEI
readiting in death)	ONE TO (OR AS A	CONSEQUENCE OF):	4.		. \	•		
	AUDVINSI	rdig/ In a consequence of: C/4+0+1/2	Card	OVEJCU	(ar 1)	1120	Je.	Wears
Sequantially list conditions, if any, laading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):						
cause. Enter UNDERLYING	C							
CAUSE (Disease or Injury thet initiated events	DUE TO (OR AS A	CONSEQUENCE OF):						
resulting in death) LAST	d							
PART II. Other aignificant condition	to contributing to death t	ut not moulting in t	he underhin	s series shap in	Dort i Da	a. WAS AN AUTO	oney las	b. WERE AUTOPSY FINDINGS
1		out not readiling in t	ria unuarryin	g cause given in	Part 1. 244	PERFORMED		AVAILABLE PRIOR TO
Lyper 1245	103				11	YES 2	NO	COMPLETION OF CAUSE DF DEATH?
					_ 1			1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (Ch	eck only one)			
1 YES 2 NO	1 Inpetient 2 ER/Outs		THER: Nursing Hor	ne 5 Residence	8 Other (S)	pecify)		
27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O		JURY AT ORK?	28d. DESCRI	IBE HOW INJUR	RY OCCURED	
1 Natural 5 Pending 2 Accident Investigation	NIA	9,595.	M 1 🗌					
3 Suicide 8 Could not be	28a. PLACE OF INJURY building, etc. (Spe	f — At home, farm, stree	et, factory, offic	00	28t. LOCATIO	DN (Street and Nown, State)	lumber or Rura	Route Number,
4 Homicide determined					,			
(Orlock Orly	ICIAN: To the best of my know ER: On the basia of axaminatio							(a) and menner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	A. A.	en utu M	diezi	290 LICENSE NUI	MBER	296	d. DATE SIGNE	Q (Month, Day, Year)
Bunda Ou	bre he	Exam.	iner	2018	52		101	2/90
PAVI A DEVI	RE MA	4203 QU-C	em60	ry Rel 1	4447	HTSUIT	He M	D 20781
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN							
00 20 00	Guna Davida	on Pandale						
	U							

		JEROME	J'	KATHKA	-HF	ANP	10	03 90	505
-		4. SOCIAL SECURITY NUMBER	300000	. / / 100	UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year	9. B. B.	IFITHPLACE (State or Fountry)
(EWE)		9a. FACILITY NAME (If not institution, give st	1 M 2 F	YRS.	CITY TOW	N OR LOCATION OF	FEB 12,	9c. COUNTY C	FRANCE
	DIRECTOR	PLAND, OF MARYLA	AND SHOCK	RAUMA	BA	LTimor			MORE
8	1 E	10a. STATE 10b. COUNTY		10c. CITY, TO					10d. INSIDE CIT
ретніт.		10e. STREET AND NUMBER		WAS	HINL		D.C.		iX YES 2
	FUNERAL	1410 - 33	20 ST.	V.W.		101. ZIP CODE'	07	FR	OF WHAT COUNTRY?
21203-3146 ral or attending physician. for use as the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 NO	if yes,		ANIC ORIGIN? (Specify can, Puerto Rican, etc.) elly:		RACE — American Ind Black, White, etc. Specify:
203-31 r attending use as the	8	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	16a. DECEDENT'S USI (Give kind of work	done during		16b. KIND OF	BUSINESS/INDUSTR	7 7 7 7
212 oital or of for u	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT use re	tired.)	•	F		1
AND the hospit detached	OM	17. FATHER'S NAME (First, Middle, Last)	7	JOU RA	11361		IAME (First, Middle, Mail	den Sumame)	1
3 8 6 L	l w	JACQUES MI	ARCHAND			ALIC	E BOS	SE	
MARY retained t 5 should	2	19a. INFORMANT'S NAME (Type/Print)		19b. MAJLING AD	DRESS (Stre	net and Number or Rura	I Route Number, City or	Town, State, Zip Code	»)
y be		20. METHERINE 5	IRARD	b. PLACE OF DISPOSITE	ON (Name of	cometery crematory o	20c	LOCATION — City	nr Town State
MORE age 6 ma director, p		1 Buriel 2 Cremation 3 Remo	wel from State	other place)	RE	Cem.	1	TARSEIL	LE FEAN
ALTIM death. Pag funeral dir d.		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE OF O	21	22, NAME	AND ADDRESS OF	ACILITY DEL	OL FUM	SRAC HON
BAL ter deat the fun mal.	Ш	1 Ames C	25/1/		222	a Wisc.	AUE , No	w. WA	SH. D.C.
d in by or rem		23. PART I Enter the diseases, or c shock, or heart feliure. I IMMEDIATE CAUSE (Final disease or condition	List only one ceuse on a			A			Approxir interval I Onset ar
within pletel		resulting in death)	***	A CONSEQUENCE OF):	alle	MPULP	LONGRY	1 Heceo	CONTO.C.
1314(mecuted and com burial,		Sequentially list conditions,	SEPS		-00	CEMIA	+ - COAG	.ULOPAT	41 2-
8 % 0 5	CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF):	22	ATE -	KIDN	EY FAILL	100 210
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5 D K m	Z	25. WAS CASE REFERRED TO MEDICAL	30 00		26	S. PLACE OF DEATH (Check only one)		
CONTACTOR THE INCOME THE INCOME THE STATE DE		EXAMINER?	HOSPITAL:	tpetient 3 DOA 4	THER:	Home 5 🗆 Residenc	8 Cher (Specify)		
HYSIG with t	F	27. MANNER OF DEATH 1 Natural 8 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O		INJURY AT WORK?	28d. DESCRIBE HO	OW INJURY OCCURE	0
ON OF OTHER CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHARGE CHAR		2. Accident investigation	28e. PLACE OF INJUR	Y — Al home, farm, stre		YES 2 NO	281, LOCATION (St	reet and Number or R	ural Route Number
DIVISION C L DR ATTENDING P. DIRECTOR: After the hours after death v	III I	4 Homicide 8 Could not be determined	building, etc. (Spi	ecify)	OA		City or Town, S	tate)	
DIV L DR A L DIREC 2 hours	PLE		CIAN: To the best of my kno	wiedge, death occurred s	it the time,	date and place, and d	ue to the cause(e) and	manner as stated.	
HOSPITAL FUNERAL WITHIN 72	COMPLET	one)	R: On the basie of examinati	on end/or investigation, i	n my opinio	on, death occured at t	he time, date and place	s, end due to the ca	use(e) and manner as
본 본 을 등	BE	296. SIGNATURE AND TITLE OF CERTIFIER	11111	no	>	29c. LICENSE N	UMBER	29d, DATE SIG	SNED (Month, Day, Yea
223	2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF E	EATH (ITEM 27) (Type Pr	int) (040	7 7	M 9 1 . A	15

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

DAVES

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

SHOCK

31. DATE FILED (Month, Day, Year) OCT 05 *90

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUGE OF DEATH (ITEM 27) (Type, Print)

RAGUM

32, REGISTRAR'S SIGNATURE Julia Davidson Randelle

0

FRANCE 14. RACE — American India: Black, White, atc. Code) City or Town, State FEANCE WERAL HOME Approximate interval Between Onset and Death CORMA [NSIZ 2wis LURE 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 25 NO CURED CIDENT 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) edge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. igation, in my opinion, death occured at the time, date and place, end due to the cause(e) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 0 NAJAACL BALTOMO

90 28810

3. TIME OF DEATH

10d. INSIDE CITY LIMITS? 1 YES 2 NO

 BIRTHPLACE (State or Foreig Country) FRANCE

M C IS

REG. NO.

2. DATE OF DEATH

DHMH-18 Rev 1/89

DILDS BE

TO BE COMPLETED BY FUNERAL DIRECTOR

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RECORDS,	
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TO THE HOSPITAL O
TO THE FUNERAL DI
be filed within 72 ho
IMPORTANT; It Ite

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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E	TO H	afte	28
A A	SEC	23	E
. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zewours after death. Page 6 may be retained by the hospital or attending	0	100	ilem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

-	- 8
40	4

1 - FOR STATE REGISTRAR	S	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL	HYGIENI REG. NO.	91	0 2	11885
1. DECEDENT'S NAME (First,	Middle, Last)					2. DATE C				ME OF DEATH
	Mabel (Olive McCor	mack			MONTH	A .		AR D 3	1000 M
4. SOCIAL SECURITY NUMBER	FR 5.	SEX 6. AGE (UNDER 1 YEAR	IF UNOER 24 HRS.	7. DATE O	F BIRTH Day, Year)		BIRTHPLAC	E (State or Foreign
261-80-1506	5 10	□ M 2 🔀 F 1	00 YRS.	NTHS DAYS	HOURS MIN.		. 24,	1890		a
9e. FACILITY NAME (If not inst	titution, give street	and number)	96	. CITY, TOWN C	R LOCATION OF DE			9c. COUNTY	OF DEATH	
12809	Kilgore	Road	1	Si1	ver Spri	ng		Мо	ntgo	mery
RESIDENCE OF DECI	EDENT 10b. COUNTY		100 CITY TO	OWN OR LOCAT					104	INSIDE CITY
Maryland		tgomery			Spring				3.5	LIMITS?
10e. STREET AND NUMBER				101	. ZIP CODE			10g. CITIZEN	- 24	
) Kilgor	o Dood		"	20904					
12009		WAS DECEDENT EVER IN	U.S. ARMED	13, WAS DEC	ENDENT OF HISPAN		(Specify Yee	or No.— 14.	RACE — A	American Indien,
1 Never Merried 2 N		FORCES? 1 YES	2 T NO	If yee, sp	2 NO Specify	n, Puerto R			Black, Wh	ite, etc.
3 Wildowed 4 Divor	ced			1	- <u>A</u> open,	,.			opeany.	white
15. DECE (Specify only	DENT'S EDUCATION	ON pleted)	16e. DECEDENT'S USI	UAL OCCUPATIO	ON st of working	16b.	KIND OF BUS	INESS/INDUST	'RY	
Elementary/Secondary (0- UNKNOWN		ollege (1-4 or 5+)	ilio. Do NOT uso re Homen	itired.)			Own h	omo		
			nomen	llakei			OWII I	lome		
17. FATHER'S NAME (First, Mic	ddle, Last)				18. MOTHER'S NA	ME (First, M	liddle, Maiden	Surname)		
Joseph Ar							wn) I			
19e. INFORMANT'S NAME (Ty	pe/Print)		19b. MAILINO AO	ORESS (Street 8	nd Number or Rural i	Route Numb	er, City or Town	n, State, Zip Coo	de)	
<u>Kathleen</u> J		Y			e Road.	Silve				
20e. METHOD OF DISPOSITION 1 D Burlel 2 7 Cremellor	n 3 🗆 Removal	from State	PLACE OF DISPOSITION other place)	ON (Name of cer	netery, cremetory or		20c. LO	CATION — City	or Town,	State
4 Donation 5 Dother		-	Metropol	litan (rematory	7	A1	exandr	ia.	VA.
21, SIGNATURE OF FUNE	SERVICE	j /		Hines	/Rinaldi	Fune	eral H	lome		
Clar	RE	Wison)	11800	N.H. Ave	., S:	ilver	Spring	, Md	. 20904
23. PART I. Enter the dis				antar tha mo	da of dying, auc	h aa card	lac or reapl	ratory arrest	,	Approximate
IMMEDIATE CAUSE (Fine		only one cause on a	ach lina.						ĺ	Interval Between Onset end Deeth
disease or condition resulting in death)	.	Con	. Ilai	On	20-5				ļ	
resulting in death)	4	DUE TO (OR AS A	CONSEQUENCE OF):				·			
	- A	art	errose	Reevil	i Hea	08	سعميا	Lac.		30 r yr
Sequantielly list condition if any, leeding to immediate		OUE TO (OR AS A	CONSEQUENCE OF):							
ceuea. Entar UNDERLYII CAUSE (Disease or Injui										
that initieted events resulting in death) LAST		DUE TO (OR AS A	CONSEQUENCE OF):						l	
resulting in death) CAS	d									
PART II. Other algnificer	nt conditiona c	ontributing to death b	ut not recuiting in	the underlyin	g cause given in	Part i.	24a. WAS AN			RE AUTOPSY FINDINGS
							PERFOR		COL	ILABLE PRIOR TO MPLETION OF CAUSE
						_	1 163 2			DEATH?
									''	,
25. WAS CASE REFERRED TO	MEDICAL			26. P	LACE OF DEATH (Ch	neck only on	e)		L	
EXAMINER?		OSPITAL: Inputient 2 ER/Out		THER:	ne 5 🖔 Residence	8 Other	(Specify)			
27. MANNER OF DEATH		28e. DATE OF INJURY	28b. TIME C	OF 28c. IN	JURY AT	_		NJURY OCCUR	EO	
<u> </u>	Pending	(Month, Day, Year)	INJUR		YES 2 NO					
2 Accident	2 Accident Investigation 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number,					Number,				
	determined	building, etc. (Spe	cny)			City	or Town, State)			
29e. CERTIFIER 1 CERT	IFYING PHYSICIAI	N: To the best of my know	ledge, death occurred	at the time class	and place, and due	lo the cou	se(e) and me	Oner as stated		
(Crieck Only		On the besie of examination							ause(e) an	d manner as stated.
29b. SIGNATURE AND TITLE					29c. LICENSE NU					inth, Day, Year)
1. The	J. J.	Dane	w n	Q.,)		LY1	F			1990
30. NAME AND ADDRESS OF	PERSON WHO C	OMPLETEO CAUSE OF OF	,		20 7	/ . (-/	
Arthur S.			0881 Locky		Silvor	· Snr	ina N	14 200	0.1	
31. DATE FILED (Month, Day,		32. REGISTRAR'S SIGN	IATURE		• DIIAGI	. apr.	riig, P	iu. 209	OI	
		1 / 1 -	son Andell							

11:02 12

er death. Page 6 may be retained by the hos	the funeral director, page 5 should be detached	examiner must be notified at once.
ours aft	ion, or remo	the medical ex
requires that the death certificate be executed with	been signed by the attending physician and completely of Health and Mental Hydiene prior to burial, crematic	shows any injury, or other traumatic event, t
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Dect. of Health and Mental Hollene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGI REG.		90	288	12
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT	H DAY	YEAR 3.	TIME OF DEATH	
	JOSEPH	BERNARD	NESTOR			Sept.	24 199		4:00	Ам
	4. SOCIAL SECURITY NUMBER			ONTHS DAYS	IF UNDER 24 NRS. HOURS MIN.	7. DATE OF BIRTH	r)	6. BIRTHPL	ACE (State or Fore	sign
A	065-54-1339	1 XM 2 - F	61 YRS.	ONTHS DAYS	HOURS MIN.	Month, Day, Yea Dec. 31	,1928		iti	
	9e. FACILITY NAME (If not institution, give	street and number)	9	b. CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUN	TY OF OEAT	Н	
DIRECTOR	Leland Memor	ial Hospital		Riverd	ale, MD		Prin	ice G	eorge's	
EC	10e. STATE 10b. COUNT		10c. CITY,	TOWN OR LOCAT	ON			10	d. INSIDE CITY	-
E I	Maryland Pri	nce Georges		Adelp	hi			1	LIMITS?	10
A	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZ	EN OF WHA	T COUNTRY?	
FUNERAL	1939 Lebanon	Street			20783		Ha	aiti		
5	11, MARITAL STATUS	12. WAS DECEDENT EVER II FORCES? 1 YES	N U.S. ARMED		ENDENT OF HISPAN cify Cuben, Mexicer			14. RACE — Black, W	American Indier	١,
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES TO		2 NO Specify		"	Specify:	Black	
	16. DECEDENT'S EDI	UCATION	16a. DECEDENT'S U	SUAL OCCUPATIO	N	185 KIND OF	BUSINESS/INDU	ISTRY	Diack	-
	(Specify only highest grad Elementary/Secondery (0-12)		(Give kind of worlden de NOT use	rk done during mo: retired.)	t of working	IOU. KIND OF	DOSINESS/INDO	201111		
<u> </u>	Elemental y Secondary (0-12)	4	Carpente	r		Lenk,	Inc.			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		•		16. MOTHER'S NAI	ME (First, Middle, Ma				
BEC	Bremond	Nestor			Luc	eye	Ве	eauzi	le	
9	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a	nd Number or Rural F	Route Number, City o	Town, State, Zip	Code)		
F	Jean Robert Nes	tor (Son)	1830 Me	tzerott	Road, #	202, Ade	elphi, N	Mary1	and 207	83
	20s. METHOD OF DISPOSITION 1 Neuriel 2 Cremation 3 Ren	novel from State	b. PLACE OF DISPOSIT				LOCATION — C		A 17	
	4 Donetion 5 Other (Specify)		ite of Hea				llver S			and
	21. SIGNATURE OF FUNERAL SERVICE L	CEMBEE		FRANCI	S J. COL	LINS FUN	NERAL HO	OME,	INC.	
	3 semaper	boood			IVERSITY					090
	23. PART I. Enter the diseases, or shock, or heart fallure	complications that cause. List only one cause on a	the death. Do no	t antar tha mo	da of dying, aucl	h as cardiac or r	eapiretory arre	eat,	Approxima	
	IMMEDIATE CAUSE (Final			71 /					Onset and	
	disease or condition resulting in death)	. Intract	9- 4	Shock						
			A CONSEQUENCE OF):							
NO	Sequentially list conditions,	b. Sensi	A CONSEQUENCE OF):						-	
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING		mon in						İ	
윤	CAUSE (Disease or Injury that initiated events		A CONSEQUENCE OF):						†	-
	resulting in death) LAST	4								
		u.								
AL	PART II. Other significant condition		but not reaulting in	the underlying	csusa given in		S AN AUTOPSY RFORMED?	AN	ERE AUTOPSY FIN MILABLE PRIOR T	0
PHYSICIAN: MEDIC	Alcoholism					1 🗆 YE	S 2 10 10		OMPLETION OF CA F DEATH?	AUSE
M						_		1	YES 2 N	0
ä										
2	25. WAS CASE REFERRED TO MEDICAL EXAMINENT?	HOSPITAL:		OTHER:	ACE OF OEATH (Che					
14S	1 NES 2 NO	1 Department 2 ER/Out	patient 3 DOA 4		5 - Residence	6 Other (Specify,	AND DESCRIPTION OF THE PERSON NAMED IN	unen		\rightarrow
	1 Natural 5 Pending	(Month, Day, Mary	INJUI	RY WO	ES E NO	Zen. Describe in	OW INSORT OCC	grees		- 1
BY	2 Accident Investigation 3 Suicide & Could not be	280. PLACE OF INJURY	Y — At home, farm, str	5,000		261. LOCATION (S	treet end Number	or Rural Rou	te Number.	
윤	4 Homicide delermined	building, atc. (Spe	ocify)			City or Town,	State)			
COMPLETED	29a. CERTIFIER 1 CO EPTIEVING PHYS	SICIAN: To the best of my know	vlades death assumed	at the time date	and alone and due	As the sever(s) are		U.		$\overline{}$
MP	000)	SICIAN: To the best of my know IER: On the basis of examination							nd manner ee st	nted.
	29b. SIGNATURE AND TITLE OF CERTIFIE			, -p. many u						
BE	Warten)	Glace MIT	7		TO 702	362-	▶ 9.	24/	fonth, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETEO CAUSE OF DE	EATH (ITEM 27) (Type. F	Print)	170.	70-	1 1		10	-
	NOR		SON 6	525 B	elenest	Re .	Lyattsvi	illo	MD	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	NATURE			00	1			
- 1	CED 2.7 '00	L.C. Kai	1 0000				•			

9c. COUNTY OF CEATH Baltimore

Balt.

U.S.A

Specify:

3. TIME OF DEATH

10d. INSIDE CITY LIMITS?

RACE — American Indian, Black, White, etc.

1 YES 2 NO

white

Approximata

24b. WERE AUTOPSY FINDINGS

OF DEATH? 1 TYES 2 NO

29d. DATE SIGNED (Month, Day, Year)

8 90

28d, DESCRIBE HOW INJURY OCCURED

28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

AVAILABLE PRIOR TO COMPLETION OF CAUSE

interval Between

Onset and Death

6. BIRTHPLACE (State or Foreign

3:45 p.m. m

City MD

2. DATE OF DEATH

7. DATE OF BIRTH

October 8,

05/17/07

DIRECTOR

FUNERAL

В

COMPLETED

BE notified

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item

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marked,

28 item

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BY

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COMPL

BE

2

CERTIFICATION

MEDICAL

27. MANNER OF OEATH

5 Pending

29b. SIGNATURE AND TITLE OF CERTIFIER

8 Could not be determined

1 Natural

2 Accident

3 Sulcide

29e. CERTIFIER

4 Homicide

Ado 1 ph

1. OECEOENT'S NAME (First, Middle, Last)

Virginia

Franklin Square Hospital

5 SEY

1 🗆 M 2 😾 F

NASH

6. AGE (In yrs. last birthday)

Laura

A SOCIAL SECURITY NUMBER

214-14-3778

RESIDENCE OF DECEDENT

9a. FACILITY NAME (If not institution, give street and number)

IF UNDER 1 YEAR

DAYS

MONTHS

YRS.

IF UNDER 24 HRS.

HOURS

9b. CITY, TOWN OR LOCATION OF GEATH

Baltimore

28a. DATE OF INJURY (Month, Day, Year)

32. REGISTBAR'S SIGNATURE
Julia Davidson-

30. NAME AND ADDRESS OF PERSON WHO COMPLETEO QUISE OF DEATH (ITEM 27) (Type, Print)

28b. TIME OF

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

Pandelle

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

28c. INJURY AT WORK?

2 MECICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

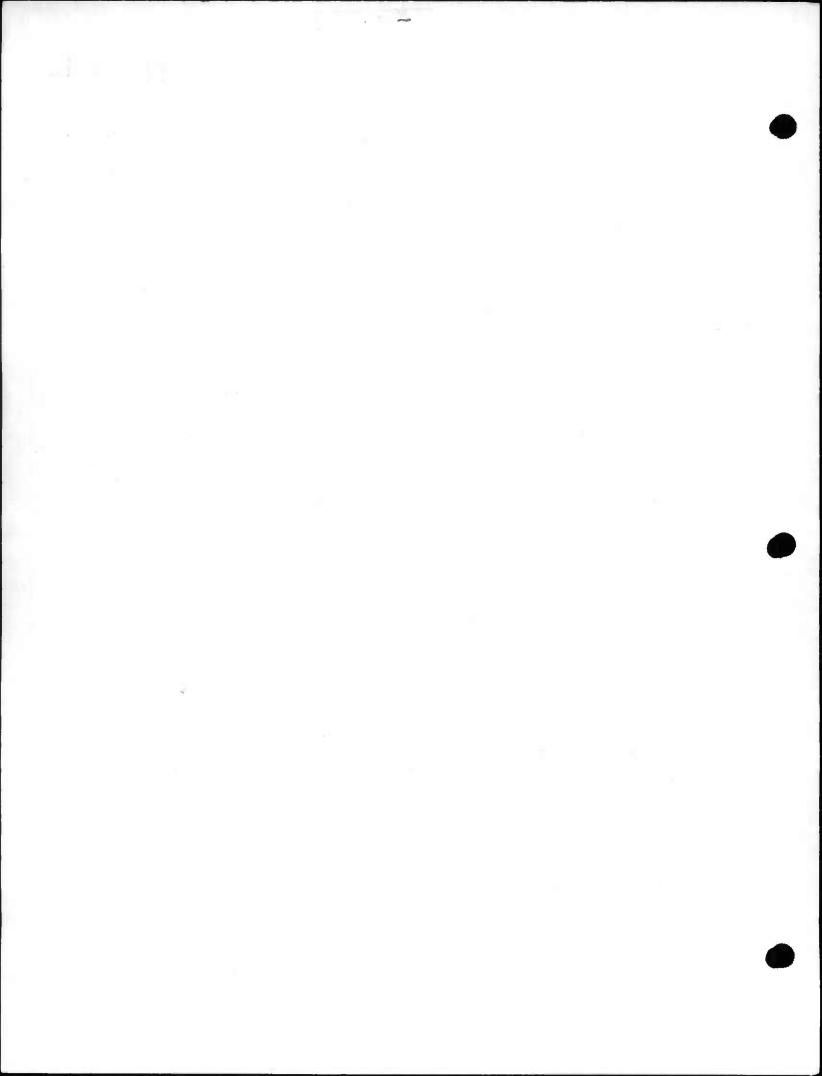
Wychulis, M.D., 9000 Franklin Square Drive, Baltimore, Maryland 21237

1 YES 2 NO

29c. LICENSE NUMBER

urs after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146 P.0. RECORDS, OF VITAL

funeral (n by the fremoval. 0 completely filled rial, cremation, burial. and prior to t attending physician ntal Hygiene prior to the atten Health and has be Dept. AM. The certificate h with t o the Hospital or Attending Ph o the Funeral director: After th e filed within 72 hours after death w After the death DIVISION



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE OF MARYLAND 1 - REGISTRAR	D / DEPARTI			MENTAL HYGIEN	E 9	0 2	8814				
	1. BECEDENT'S NAME (First, Middle, Last) Clarence Northcraft		-		2. DATE OF DEATH	y 90 YE	3. TIM 38	26PM m				
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs		F UNDER 1 YEAR	IF UHDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6.	BIRTHPLACE Country)	(State or Foreign				
	216-22-7029 1次№2□	YRS.			5 10 28		MD					
E I	9. FACILITY NAME (If not institution, give street and number) Memorial Hospital		b. city, town of Cumberl	er Location of DE.	oc. county of death Allegany							
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	Les arms	TOWN OR LOCAT				1	NSIDE CITY				
DIRE	West Va Mineral		y Ford	ION			L	NSIDE CITY IMITS? YESX 1/ NO				
FUNERAL DIRECTOR	P.O. BOX 124		2	. ZIP CODE 6767		OF WHAT C	OUNTRY?					
BY FUN	11. MARITAL STATUS 1 Never Married XX Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S FORCES? XX YES 2 IF YES, GIVE WAR OR DATES	. ARMED	If yes, sp		IC ORIGIN? (Specify Yas s, Puerto Rican, atc.)	erican Indian, i, etc.						
	15. DECEDENT'S EDUCATION 16a	. DECEDENT'S U	SUAL OCCUPATION	DN .	16b, KIND OF BU	SINESS/INDUST	white	2				
COMPLETED	(Specify only highest grade completed) Elamentary/Secondary (0-12) Collega (1-4 or 5+)											
₹	12	pipefit	ter		Railro							
8	Edward C. Northcraft			2000								
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING A	DDRESS (Street a	nd Number or Rural R	Elizabeth Oute Number, City or Tow	rn, State, Zip Co	de)					
임	Mrs. Agnes L. Northcraft	P.O. Bo	x 124 W	iley For	d, WV 2676	57						
1	20s. METHOD OF DISPOSITION A Burial 2 Cremation 3 Removal from State 1 Donation 5 Other (Specify) Suns	ace of disposition place) Set Memo	orial P	netary, crematory or ark		cation - city cerland		nta				
	21. SIGNATURE OF FINERAL SERVICE LICENSEE	, 1	22. NAME AI	D ADDRESS OF FAC	CILITY							
	Janes + Alcara	ill'	Cumbe	rland, M								
	23. PART I. Shtar tha diaaases, or complications that caused the shock, or heart failure. List only one cause on each	a death. Do no ilna.	t antar tha mo	da of dying, suci	n ss cardiac or resp	iratory arrest		Approximata Interval Between				
ı	IMMEDIATE CAUSE (Final disease or condition resulting in death) Ventricular fibrillation											
-	resulting in death) s. Ventricula:											
_	Coronary a			sease			İ					
2	Sequentially list conditions, if sny, leading to immediate											
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CERTIFICATION	that initiated events resulting in daeth) LAST	NOEOUENCE OF					İ					
	PADT. II Other significant conditions contribution to death but of	not regulting in	the underlyin	a cause alven in	Part I. 24a, WAS AN	AITTOREY	245 WEDE	AUTOPSY FINDINGS				
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PHYSICIAN: MEDIC					1 _ YES :	NO	0F 0E	YES 2 NO				
≥					_							
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			LACE OF DEATH (Ch	eck only one)							
YSI	YES 2 NO 1 Inpetient 2 ER/Outpetien	nt 3 🗆 DOA		ne 5 🗆 Realdence								
	27. MANNER OF DEATH 1. Netural 5 Pending 28a. DATÉ OF INJURY (Month, Day, Year)	26b. TIME INJU	RY W	JURY AT DRK? YES 2 \(\begin{array}{c}\) NO	28d. DEŞCRIBE HOW	INJURY OCCUP	TED					
В	2 Accident Investigation		261. LOCATION (Street	and Number or	Rural Route N	lumber,						
回	3 Suicide 6 Could not be building, etc. (Specify) 4 Homicide detarmined				City or Town, State)						
COMPLETED	29a. CERTIFIER (Check only 009 2 MEDICAL EXAMINER: Or the best of my knowledg							menner as stated.				
	296 SIGNATURE AND TALE OF CERTIFIER		,,	29c. L/CENSE NUM			IGNEO (Monti					
BE	Dail In			D 09157		▶ 10.	7.90	-, -=, /==/				
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH Paul Snow, M.D. Dpty Med. Ex. Al	(ITEM 27) (Type, Ill. ent	Print) y 124	W 3rd St	Cumb Md 2	1502						
			-									
d	31. DATE FILED (Month, Day, Yogg) 12. REGISTRAR'S SIGNATU 12. REGISTRAR'S SIGNATU 13. DATE FILED (Month, Day, Yogg)											

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zemours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. OATE FILEO (Month, Day, Year)

OCT 0 9 '90

32. AGGISTRAR'S SIGNATURE. Julia Davidson-Randall

FOR 1 - STATE REGISTRAR		STATE OF M	IARYLAND /	DEPAR ERTIF	TMENT (F HEALTI	H AND	MENTAL	HYGIENE REG. NO.	9	0	28815
1. DECEDENT'S NAME (First,		cston	Ε.		Nel	son		2. DATE O MONTH 1 ()—	F DEATN DAY		YEAR	3. TIME OF DEATN 1:25AM
4. SOCIAL SECURITY NUMB		S. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER 1 Y	EAR IF UND	ER 24 HRS.	7. DATE OF	BIRTN		8. BIRTNE Country New	PLACE (State or Foreign
245-72-638 98. FACILITY NAME (If not in:	tiltution, give stree	et and number)	44	ins.	9b. CITY, TO	WN OR LOCA			40	9c. COU	NTY OF DE	
Route 13 S.		stover				West	ver			Some	erset	County
Va.	ACCC	mack			y, town on i							10d. INSIDE CITY LIMITS? 1 Tes 2 No
100. STREET AND NUMBER						10f. ZIP CO		416		10g. CIT	IZEN OF W	HAT COUNTRY?
11. MARITAL STATUS 1 Naver Married 2 3 Widowed 4 Divo	Married 1	2. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 X		If y	B DECENDENT ea, apecify Cu YES 2 N	OF HISPA	NIC ORIGIN? an, Puarto Ric	(Specify Yaa con, atc.)	or No—	Black,	- American Indian, White, atc. Black
			(C	live kind of b. Do NOT u	usual occi work done dun se retired.)	ng most of wo		16b. F	Seaf		DUSTRY	
17. FATNER'S NAME (First, M. Wari	ng Ne]	son 18. MOTHER'S NAME (First, Middle, Melden Surneme) Alberta Willingson							n			
19a. INFORMANT'S NAME (I Mary Nel			19			treet and Numi			r, City or Town,			6
20a, METNOD OF DISPOSITI	n 3 🗆 Removi	al from State	20b. PLACE other p	(ace)	sition (Name ithan		rematory or				City or Too	
21. SIGNATURE OF FUNERA		ssee St. Wit	1 T 7			ME AND ADD			l Hom	e -	Acc	omac, Va
shock, or h	23. PART i. Enter the diseases, or complications that caused the death. Do not antar the mode of dying, such as cardiec or reapiretory errest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition									Approximata Interval Betwee Onset end Dea		
if sny, leading to imma ceuse. Enter UNDERLY CAUSE (Disesse or inju that initiated events	Sequentially list conditions, If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. OUE TO (OR AS A CONSEQUENCE OF):											
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMEO? THYES 2 \(\sum \) NO									WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? YES 2 NO			
25. WAS CASE REFERRED T EXAMINER? 1305(YES 2 NO	1	HOSPITAL:	ER/Outpatient	3	OTHER:	28. PLACE OF	,			Casu		
27. MANNER OF DEATN 1	INJURY P INJURY — At h atc. (Specify)	28b. Till 11 11 11 11 11 11 11 11 11 11 11 11 1	ME OF 2	G. INJURY AT WORK?		Driv OVOY 281, LOCA	CRIBE NOW IN	tra d/pi	ecured actor nned or or Rural R	trailer/ in truck over,Somer		
Condon only		AN: To the best of On the basis of a						COUNT	y, Ma lef(s) and man	ryla	ITICI ited.) and manner as stated.
296. SIGNATURE AND TITLE	OF CERTIFIER	Inight					OCME	JMBER		29d. DA		(Month, Day, Year) 6-90
30. NAME AND ADDRESS OF PERSON WNO COMPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print) DONALD WRIGHT, MD 111 Penn Street, Baltimore, MD 21201												

DHMN-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT. If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21203-3146

1 - FOR STATE REGISTRAR		STATE OF I	MARYLA		DEPART						MEN	ITAL HYGI		E	90	28816
1. DECEDENT'S NAME (First	, Middle, Last)											ATE OF DEAT				3. TIME OF DEATH
MV	RTLF	M MIIE	PHY								"	O) DA	Α	Q()	8.55 p M
4. SOCIAL SECURITY NUM		5. SEX		n yrs. les	birthday)	IF UNDER	1 YEA	R I	IF UNDER	24 HRS.	7. D	ATE OF BIRTH	60	,	8. BIRTI	IPLACE (State or Foreign
212-24-29	983	1 🗆 M 2 💢 F	10	0	YRS.	MONTHS	DAY	8 H	IOURA	MIN.	S	Month, Day, Yea EPT - 3	1/1	890	M A	RYLAND .
9a. FACILITY NAME (If not in	nstitution, give s	treet and number)				9b. CITY	, TOW	N OR	LOCATI	ON OF DE	_	21 110			NTY OF D	
NATIONAL	LUTHE	ERAN HOI	ME			RC	CE	ZV T	LL	E	MONTGOMERY C					COMERY CO
RESIDENCE OF DE						1110								11	OIVI	SOMERT CO.
10a. STATE	10b. COUNT	Y			10c. CITY											10d, INSIDE CITY LIMITS?
MD.	PRIN	ICE GEO	RGES		F	RIVI	ERL	DAI	ĿΕ							∯∰YES 2 □ NO
10e, STREET AND NUMBER							Т	10f. Z	IP COD	E				10g. CIT	ZEN OF	WHAT COUNTRY?
6509- AUE	BURN A	VENUE													US	A
11. MARITAL STATUS		12. WAS DECEDEN										RIGIN? (Specif		or No-	14. RAC	E - American Indian, k, White, atc.
1 Never Married 2		FORCES?			10				NO			erto Rican, etc.)		Spec	
3 Widowed 4 Div	orced	1							Λ.		_					WILLE
15. DEC (Specify on	EDENT'S EDU ly highest grade	CATION completed)		(G	CEDENT'S I	rock done	CCUPI	ATION most	of workli	ng		16b. KIND OF	BUS	INESS/IND	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 6	+)		Do NOT us							_				
12					SECR	ETA	RY							KNOV	VN	
17. FATHER'S NAME (First, A								1	IS. MOT			irst, Middle, Ma		,		
		NSELLER										LE CO	_			
19a. INFORMANT'S NAME (190	b. MAILING	ADDRES	S (Stre	et and	Numbe	r or Rural	Route	Number, City or	Town	n, State, Zip	Code)	
REV.DR.R	EICHA	RD			9701	-VE	IR	S :	DR 1	VE,	RC	CKVII	L.	E,MI	.20	850
20a. METHOD OF DISPOSIT	TION	ovel from State	20b.	PLACE other pla	OF DISPOS	ETION (N	ame of	cemet	lery, crer	metory or		200	LO	CATION —	City or To	own, State
4 Donation 5 Othe			_ M	[T.C	LIVI	ET (CEN	MET	CER	Y		F	RI	EDER	ICK	,MD.
21. SIGNATURE OF FUNER	AL SERVICE LI	CEMORE				22.				SS OF FA						
> ' _A /t	10144	Pho	arn									,INC.				
23. PART I. Enter the d	liseeses, or	complications the	nt coursed	the de	eth. Do n	ot ente	r the	mode	of dy	ing. suc	th as	Cardlec or r	esol	ratory ar	ASH	Approximate
shock, or h	neart fallure.	Liet only one ca	use on/e	ich line												Interval Batween
iMMEDIATE CAUSE (Fi	nei	VA	24	W	1 1	Pas	0,0	21	10	12.0	HALL	10. A	21	· c Ld		Onset end Death
resulting in death)	→	•	OR AS A	CONCE	MIENCE LE	CA	47	16 1	NO	291	Urs,	10.11	Y	3010	-	HRUW
		002.10	/ (OII AO A	CONTRACT	DULITOR OF	,.										
Sequentially list condi		b	OR AS A	CONSE	DUENCE OF	า:										<u> </u>
if any, leeding to imme cause. Enter UNDERLY																
CAUSE (Disease or Inj that initiated events	ury	OUE TO	OR AS A	CONSE	QUENCE OF	j:										
resulting in deeth) LAS	ST															
		0.														
PART II. Other signific	ent condition	ns contributing to	death b	ut not i	resulting i	n the u	nderly	ying o	CSUSO	given in	Part			AUTOPSY	24	b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
												1 🗆 YI	S 2	₩ NO		COMPLETION OF CAUSE OF DEATH?
														4.2		1 YES 2 NO
25. WAS CASE REFERRED	TO MEDICAL						26	S. PLA	PE OF E	DEATH (C	heck o	nly one)				
EXAMINER?		HOSPITAL:	☐ ER/Outp	etlent 3	□ DOA	OTHE		Home	5 🗆 A	esidence	6 🗆	Other (Specify)			
27. MANNER OF DEATH		28s. DATE O			26b. TIM	E OF URY	28c.	INJUF			284	. DESCRIBE H	OW I	NJURY O	CURED	
	Pending Investigation	(wonin,	Day, Year)		ing.	M	1	WOR!	S 2 [□ NO						
2 Accident 3 Suicide 6	Could not be	26a. PLACE	OF INJURY	— At he	ome, ferm, s	street, fac	tory, c	offica			261	LOCATION (S			or or Aurel	Route Number,
4 Homicide	determined	building	arer (obse	··· y)								City or Town,	Jiane)			
29a. CERTIFIER 1 L. CER	TIFYING PHYS	ICIAN: To the best of	of my know	ledge, rk	eth occum	d at the	time.	date e	nd plac	a, and du	a to P	ne cause(a) en	f mar	nner as ele	nted.	
(Onoth only																(a) and manner as stated.
290. SIGNATURE AND 316	OF DESTIFIE	0		- /5									-, -,			
117100	Ux-	Les 1	И,	V				1	29c. LIC	ENSE NU	MBER	1		29d. DA	SIGNE	D (Month, Pay) (bar)
20 MANES NA ADDOCCO	DE DEDOON IN	10 00000 5750 000	11	ATU ST	M on C	O-I			P	14	T		_	1	10	0//
30 NAME AND ADDRESS (FENSUN MI	A coult of ten con	DE TOP DE	AIR (IIE	m 21) (1)/06,	ennt)	./	-)	1		-		1	1		/ /

40nth, Day, Year) 05 °90 who Davidson

DHMH-16 Rev 1/89

- 1	REGISTRAN											
i	1. DECEDENT'S NAME (First, Middle, Last) CLARA	MARIE	NICH	OLAS		2. DATE OF DEAT	DAY - C	YEAR 3. TIME OF DEATH				
		-	yrs. lest birthday)	IF UNDER 1 YEA	7	7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreign				
	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	□ M 2 X F	85 YRS.	MONTHS DAY		(Month, Day, Yes	7)	Country) GERMANY				
	9a, FACILITY NAME (If not institution, give street	and number)		9b. CITY, TOW	N OR LOCATION OF DE		OUNTY OF DEATH					
œ	10200 BALTIM	ORE AVE		0011	eno Po	nt.	Pine	Prince George				
12	RESIDENCE OF DECEDENT	- /(2 // 0		011	ege 10	(/)	11/1/	16 0 (01 / F				
8	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY				
DIRECTOR	MA PRINCE	· GROM	e C	0//20	3e PA	rk		LIMITS? 1 ☑ YES 2 ☐ NO				
4	10e. STREET AND NUMBER	,			101. ZIP CODE		10g. CIT	IZEN OF WHAT COUNTRY?				
FUNERAL	10200 Salti	more	ave		20740		U	SA				
5		. WAS DECEDENT EVER IN FORCES? 1 YES			DECENDENT OF HISPAI			14. RACE — American Indian, Black, White, atc.				
	1 Never Married 2 Married	IF YES, GIVE WAR OR DAT	2 XNO	1 🗆 1	specify Cuban, Maxica res 2 NO Specif	y:)					
BY	3 Widowed 4 Divorced							Specific hitze				
COMPLETED	15. DECEDENT'S EDUCATION	ON	16a. DECEDENT'S	USUAL OCCUP	ATION	16b, KIND OF	BUSINESS/IN	DUSTRY				
E 1	(Specify only highest grade com Elementary/Secondary (0-12)	collage (1-4 or 5+)	life. Do NOT us	vork done during se retired.)	most of working							
7	12	onago (1-4 of o 4)	HOUSEW]	FE								
Σ	17. FATHER'S NAME (First, Middle, Last)		HOODEWI	.1.1	40 MOTHERIO NA	ME (First, Middle, Ma	(de- 0					
8					100		iden Sumame)					
BE	JOHANN BAUER					SPOHRER						
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stre	et and Number or Rural	Route Number, City of	Town, State, Zi	o Code 20740-4210				
F	MARJORY N. ABELT	(DAUGHTER)			MORE AVENI			K. MARYLAND				
	20a. METHOD OF/DISPOSITION	20b.	PLACE OF DISPOS		cemetery, crematory or			- City or Town, Stata				
- 1	1 Donation 5 Other (Specify)	from State	other place) ETROPOLI					RIA, VIRGINIA				
	21. SIGNATURE OF FUNERAL SERVICE LICENS		LIKOTOLI				LEARND.	AIA, VIRGINIA				
	21. SIGNATURE OF FUNEAU SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC.											
	madel of	12.NV	\cup					.SPR.,MD. 20901				
=	23. PART I. Enter the dieeeeea, or com	polications that August	the death Do									
	ahock, or heert feilure. List			TOC BITCH CHE	mode of dying, add	ar as cardiac or i	oophatory a	interval Between				
	IMMEDIATE CAUSE (Finel	_		Onset and Death								
	disease or condition resulting in death) e. Sufficiently of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the conse											
1		DUE TO (OR AS A	CONSEQUENCE O	F):			gala					
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CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE O	F):								
¥	cause. Enter UNDERLYING							ļ				
윤	CAUSE (Disease or Injury 5 c	DUE TO (OR AS A	CONSEQUENCE O	F):								
E	resulting in deeth) LAST											
- No. 1								Ì				
% I	d											
	PART II. Other algolificent conditions c	ontributing to death bu	ut not reauiting	in the underl	ying ceuse given in		S AN AUTOPSY					
	PART II. Other algorificent conditions of	ontributing to death bu	ut not reaulting	in the underl	ying ceuse given in	PE	RFORMED?	AVAILABLE PRIOR TO				
	PART II. Other algorificent conditions c	ontributing to death bu	ut not reaulting	in the underl	ying ceuse given in	PE						
EDICAL	PART II. Other algorificent conditions c	ontributing to death bu	ut not resulting	in the underl	ying ceuse given in	PE	RFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE				
MEDICAL	PART II. Other algolificent conditione conditions	ontributing to death bu	ut not reaulting	in the underl	ying ceuse given in	PE	RFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
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BALTIMORE, MARYLAND 21203-3146	L. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per thours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	
	II 2	ly filled ation, o	•
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	N: The law requires that the death certificate be executed within	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
F VI	YSICIAN	s certific th the S	
ONC	HING PH	After this	
DIVISIO	L OR ATTENE	L DIRECTOR:	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

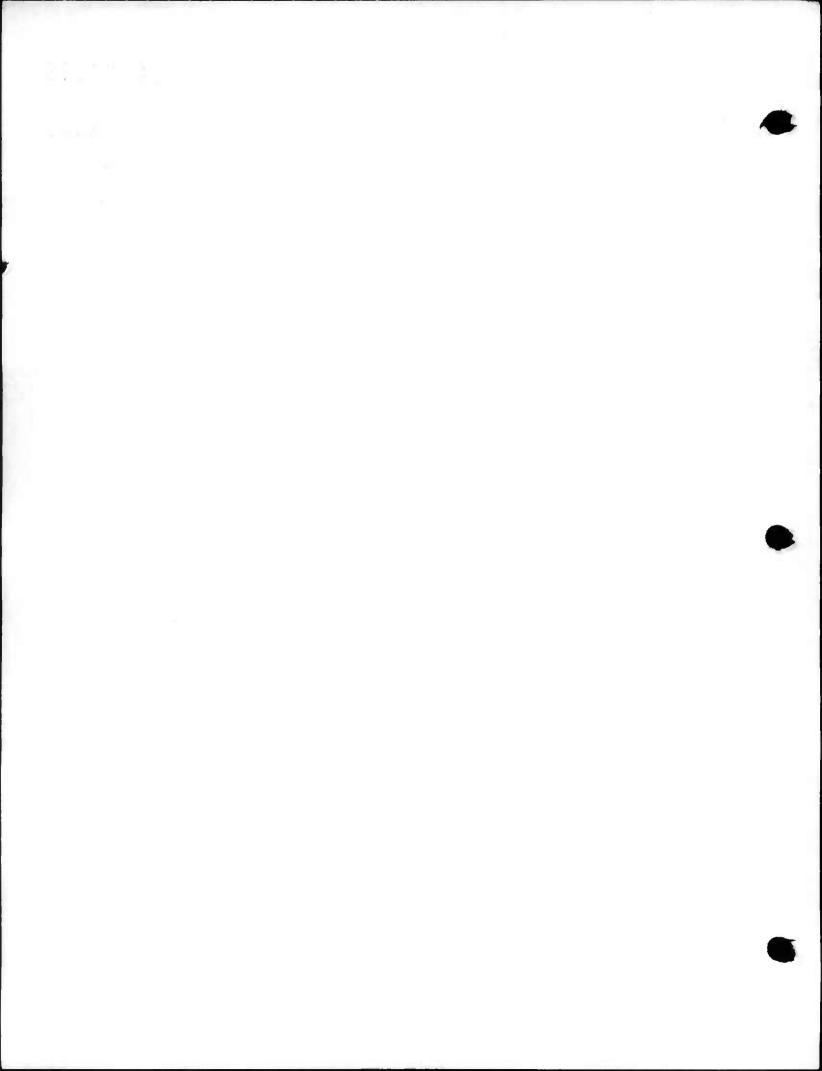
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	OMIL OF I	CE	RTIF					AIP IA IV	REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH			3. TIME (OF DEATH	
		Kermit	Chester	Nel	son				MONT OC1	tober	8, 19	990	7:3	0 A	м
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH	•	0. BIRTI		ate or Foreig	gn
	476-05-9773	1 <u>XX</u> M 2 □ F	75	YRS.	MONTHS	DAYS	HOURS	MIN.		h, Day, Year) ≥ 26 ,	1915	Mil Mil	nesc	ota	
	9s. FACILITY NAME (If not institution, give si	treet and number)			9b. CITY	, TOWN O	R LOCATI	ON OF DE	ATH		9c. COU	INTY OF D	EATH		\dashv
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5	RESIDENCE OF DECEDENT							esua				MOHE	gome:		
Dinecio	10e. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN (OR LOCATI	ON						10d. INSI LIMI	DE CITY TS?	- 1
	Maryland	Montgome	ery					esda						8 2 X NO	
2	10e. STREET AND NUMBER					1000	ZIP COD				100		WHAT COU		
	6409 Broad St						2081						State		_
2	11. MARITAL STATUS 1 Never Married 2 Married		X YES 2 1	MED NO		II yes, spe	cify Cuba	ın, Mexice	n, Puerto	N? (Specify Yes Rican, etc.)	s or No—	14. RACI Blac	E — Ameri k, White, e	can Indian, tc.	
5	3 Widowed 4 Divorced	World W				1 TYES	2XXNO	Specify	y:			Spec	_{#y:} ite		
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	12	5+		thema	atic	ian			ט	. s. c	over	nmen	t		- 1
5	17. FATHER'S NAME (First, Middle, Last)						1a. MOT	HER'S NA	ME (First,	Middle, Malden	Surname)				
בו	Not A	vailable						N	Not A	vaila	ble				
	19a, INFORMANT'S NAME (Type/Print)									ber, City or Tow					
	Mina Jacqueline	Nelson	6	409	Broa	d St	reet	, Be	thes	da, Ma	ryla	nd	2081	6	
	20e. METHOD OF DISPOSITION 1 □ Buriel 2XXCremation 3 □ Rem	oval from Stata	20b, PLACE other pi	OF DISPO	SITION (No	me of cen	etery, crei	natory or		20c. LC	CATION -	- City or To	own, State	£	
	4 Donation 6 Other (Specify)		Montg	omer	y Cr	emate	oriu	m In	C.	Be	thes	da,	Mary.	land	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSER			22. R	ober	P ADDRE	Pum	phre	y Fune	ral	Home	/		
	Namel E.	esse	1 MO	0803	B A	etne: venu	sda- e Be	Chev	y Ch	ase, I Maryla	nc. ind 2	7557 0814	Wise	consi	.n
	23. PART i. Enter the diseases, or				not antai	tha mo	da of dy	ing, auc	h aa car	diac or reap	iretory a	rreat,		proximate	
	ahock, or heart failure. IMMEDIATE CAUSE (Finel												On	erval Bets set and I	Death
	disease or condition resulting in death)	· MYOG	ARDIA	6 1	WA	ARCI	101	U					1	ro.	TE
	333333	a. MYO C DUE TO ARTER	(OR AS A CONSE	OUENCE O	F):	0	,				λ				
5	Sequentially list conditions,	ARTER	105cc	TROI	ric	MA	Dio	48	CUU	AR L	USE	THE C	= 1	ND	61
HIFICATION	If any, leading to immediate cause, Entar UNDERLYING	OUE TO	(OR AS A CONSE	OUENCE O	F):								i		
3	CAUSE (Disease or injury that initiated events	c. OUE TO	(OR AS A CONSE	QUENCE O	f):								\dashv		-
	reaulting in death) LAST														
2		u													_
1	PART II. Other significant condition	is contributing to	deeth but not	resulting	in the u	nderlying	Cause	given in	Part I.	24a. WAS AI PERFO	RMED?	241	AWAILABL	TOPSY FINE LE PRIOR TO TION OF CAL)
5										1 - YES	2X NO		OF DEAT		USE
PHISICIAN: MEL													1 TYE	8 2 NO)
	25. WAS CASE REFERRED TO MEDICAL					04 84	105.05.1	DEATH (O)							-
2	EXAMINER? 1 X YES 2 NO	HOSPITAL:	1		OTHE	R:			neck only o						
2	27. MANNER OF DEATH	1 Inpatient 2 28e. DATE OF		28b. TIN		26c, INJ		asidence	_	er (Specify) SCRIBE HOW	INJURY O	CCURED			
	1XXNetural 5 Pending	(Month, D		IN	JURY M	1 🗆 1	RK?	NO	1			R	-1		
0	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE C	OF INJURY — AI h	ome, farm,	street, fac				26f, LO	CATION (Street	and Numb	er or Rural	Route Num	ber;	\neg
	4 Homicide 6 Could not be	building,	alc. (Specify)	401	Ucz	-			City	or Town, State)				
COMPLEIED	29a. CERTIFIER CERTIFYING THYS	ICIAN: To the best of		*		Ilma data	and plac	a and due			nner en et	eted			
1	(Check only one) 20 MEDICAL EXAMINI												(a) and mai	nner as stat	ted.
	296. SIGNATURE AND SITES DE GENTIFIE		1					ENSE NU					D (Month, E		-
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24	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CALL	SE OF DEATH (ITE	M 27) (Typ	e, Print)	_	0	100	17		0	CTOD	er 9	, 199	70
7 - 1	Francis C. Mayle					othe:	sda	Mar	vlan	ብ <u>2</u> በደ1	4				
1	31. DATE FILEO (Manth, Day, Year)	22 DECISTO	D'S SIGNATURE			CHE	Jua,	PIGI	yran	u 2001	-7				
	I ULI 1 0 '90	Freh	a Davidson	Rand	000										

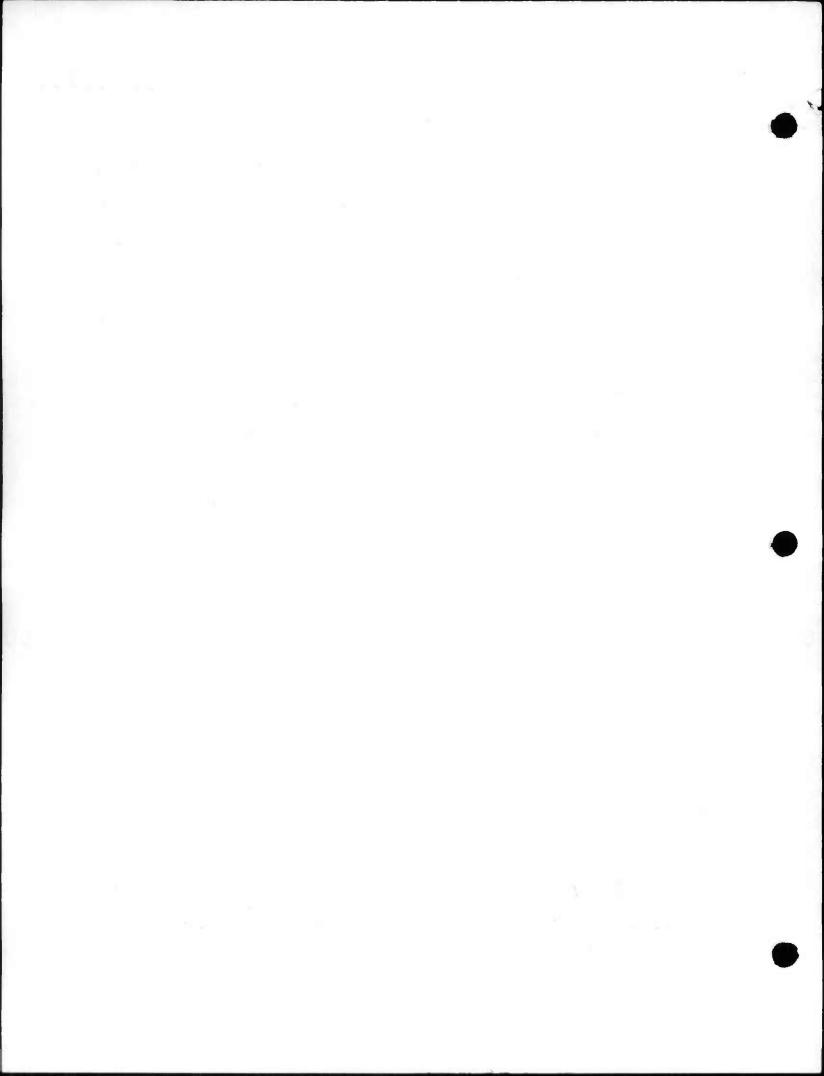
FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Charles a		REGISTRAR		CE	RTIF	ICATE O	F DEATH	REG. NO.		
		1. OECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH		3. TIME OF OEATH
	N	MABEL	EMMA	0S7	CHAUS	3		OCTOBER 4		0 11:40A. M
()		4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last	- 7	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7 DATE OF BIRTH	/	BIRTHPLACE (State or Foreign
		579-22-8968	1 M 2 XF	96	YRS.	MONTHS DAY	S HOURS MIN.	(Morith, Day, Year) MAY 26, 18	0/	LIACUTNICEON DO
should		SIL FACILITY NAME (if not institution, give at	met and number)			Oh CITY TOW	/N OR LOCATION OF DE			WASHINGTON, DC
25	œ	1412		O OFFICE				-AIN	2. 4. 4. 4. 4. 6.	
,. m	<u>ō</u>	POTOMAC VALLE	Y NURSIN	G CENT	LEK	RC	CKVILLE		MON	TGOMERY
- Si		10a. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY
Page	DIRECTOR	PENNSYLVANIA FI	RANKLIN							LIMITS?
崔	- 10		MINLLIN			WAIN	NESBORO			1 YES 2 NO
bed	ゑ	10e. STREET AND NUMBER					10f. ZIP CODE		10g. CITIZI	EN OF WHAT COUNTRY?
n. ansit	寧儿	608-A SOUTH PO	TOMAC STR	EET			17268		US	A
46 physician. burial-transit permit. Pages	FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT E FORCES? 1	VER IN U.S. ARA	MEO O		DECENDENT OF HISPAI , specify Cuben, Mexico	NIC ORIGIN? (Specify Yes	or No-	14. RACE — Americen Indien, Bleck, White, atc.
146 plus bur	BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR	OR DATES			YES 2 NO Specif			Specify:
21203-3146 tal or attending physician. I for use as the burial-tran		124 miles								WHITE
atte	画用	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(Gh	e kind of v	USUAL OCCUP	ATION most of working	16b. KIND OF BUS	SINESS/INDU	STRY
2120; al or ath for use	<u> </u>	Elementary/Secondery (0-12)	College (1-4 or 5+)		Do NOT us					
	탈	12		SEC	CRETA	ARY		RETAIL	STOR	E
AND 2: the hospital detached fo	COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)	
2 5 5 E	w II	GEORGE	HARDING				EMMA	D	UNCAN	
MARYLAND s retained by the hosp S should be detached notified at once.	9	19a. INFORMANT'S NAME (Type/Print)		19b	MAILING	ADDRESS (Stre	eet end Number or Rural	Route Number, City or Tow	n, State, Zip (Code) 17268
MARYL be retained by ge 5 should be e notified at	임	FAY K. CHEWNING	(DAUGH	TER) 60	A-8	SOUTH	POTOMAC S	TREET, WAY	NESBO	
E, lay be		20g. METHOD OF DISPOSITION	Secretary Service	20b. PLACE C	F DISPOS		f cemetery, cremetory or			Ity or Town, State
ORE,	i.	1 N Buriel 2 Cremation 3 Rem	oval from State	PARKI		CEMET	ERY	ROC	KVII.I.I	E, MARYLAND
		21. SIGNATURE OF FUNERAL SERVICE LIE	TENSES A		22.211.21	22. NAM	E AND ADDRESS OF FA	CILITY		
ALTIM death. Pag tuneral dir examiner		> (MALINIT	11.00					LLINS FUNE		
2 2 2		Moulus	1.000							.SP., MD 20901
B. Surs after of in by the or removal.	- II	23. PART I. Enter the diseeses, or conshock, pr heert fellure	emplications that c	oused the dec	eth. Do r	not enter the	mode of dying, suc	ch as cerdiec or resp	iratory erre	est, Approximate Interval Between
E O G	- 1	IMMEDIATE CAUSE (Finel	Just billy blue course	0	^		Λ	1		Onset and Death
	i	diseese or condition resulting in death)	. Cari	dia ou	UW	lonar	u the	rest		
ted within completely ial, cremati, t		resulting in death)	DUE TO JOI	R AS A CONTEO	UENCE O	F):				
13146, executed wi and comple o burial, cre matic ever	z		, ful	mond	ary	IE	= clema	ζ		
OX 131 e be execut sician and o nior to buri	CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OF	R AS A CONSEO	UENCE 0	F):	0	11		
BOX ficate be ophysician the prior to	3	cause. Enter UNDERLYING	. 450	hemi	7	Cau	rdiomy	opathy		
P.O. BO death certificate attending physiental ental Hygiene pri	Ē	CAUSE (Disease or Injury that initiated events	DUE TO (OF	R AS A CONSEC	UENCE O	Ph 1				
n certification of other	-	resulting in death) LAST	d. Cor	onaru	1	Hrte	rg D	isease		
S, P. he death the atten Mental P				-	1		4			
ADS, Patt the deat by the attrand Mental y injury.	EDICAL	PART II. Other significent condition	e contributing to de	eth but not re	sulting	in the under	lying ceuse given in	Part I. 24a, WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
That that you had be to the that the that the that the the the the the the the the the th	S	Htrial	tibr	1100	HLO	N		1 [] YES :	2 NO	COMPLETION OF CAUSE OF DEATH?
										1 TYES 2 NO
L REC e law requir has been si Dept. of He	∑ :									
The law rite has b ate Dept.	₹	25. WAS CASE REFERRED TO MEDICAL				2	8. PLACE OF DEATH (C	heck only one)		
F VITAL SICIAN: The Is certificate has h the State De	PHYSICIAN:	EXAMINER?	HOSPITAL:	B/Outpatient 3	□ DOA	OTHER:	Home 5 - Residence	8 C Other (Specify)		
	¥∥	27. MANNER OF DEATH	28a. DATE OF IN		28b. TIN	E OF 28c	, INJURY AT	28d. DESCRIBE HOW	INJURY OCC	URED
O E # # 5		Natural 5 Pending	(Month, Day,	Year)	IN.	JURY 1	WORK?			
ON DING After death	B	2 Accident Investigation	28e. PLACE OF I	NJURY — At ho	me term			28t. LOCATION (Street	and Number	or Burel Boute Number
DIVISION OR ATTENDING DIRECTOR: After hours after death		3 Suicide 8 Could not be 4 Homicide determined	building, etc	(Specify)	,,	attent, reatory,		City or Town, State)	y rigidi rivolto rivintos,
DIVISION OR ATTENI OR ATTENI OR ATTENI OR ATTENI OR ATTENI I hours after them 28 is	ᇦᅢ	An OFFICIER				_				
	릴	(Oribon Driny &						e to the ceuse(e) end me		
THE HOSPITAL THE FUNERAL Filed within 72 PORTANT: IT	COMPLETED	2 MEDICAL EXAMINE	On the beide of exam	nination end/or i	nvestigation	on, in my opinie	on, death occured at the	time, date end place, e	nd due to the	e ceuse(e) end manner ae stated.
RTA		295. SIGNATURE AND STILE OF CENTIFIE	NI	1.			29c. LICENSE NU	MBER	29d. DATE	SIGNED (Month, Day, Year)
TO THE HOSPITAL TO THE FUNERAL BE filed within 72 IMPORTANT: If	BE (NUW III	July -	_//	/		1.033	138	•	
FFA	임	30. NAME AND ADDRESS OF PERSON W	O COMPLETED CAUSE	OF DEATH (ITE	II 27) (Type	e, Print)		1 1 1 2	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Tallen Wan
-		19511 150	sexons	Dri	JR	. Col	rmantou	LI am, un	Panie	el Jaller, MD
5		31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S	S SIGNATURE				,		
		OCT 0 9 '90	Giena.	Devidson	Pand	. 90				
		-31 0 7 70		And Follows	Alach					



			FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTM			MENTAI	HYGIENE REG. NO.	. 9	U	2004	. 0
		ł	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF CEATH DAY	v vi	3. T	TIME OF DEATH	_
		- 1		NE KLISE OBER				OCI	4 199	90		7:45	A _M
1	¹ D		4. SOCIAL SECURITY NUMBER		MO	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	(Month	OF BIRTH , Day, Year)	(BIRTHPLA Country)	ACE (State or Fore	ign
(P C	"	468-09-4568 9e. FACILITY NAME (If not institution, give s	1 □ M 2 🔀 F 77		OCTY TOWN O	D I COLTION OF DE	_	1,1913			DAKOTA	
Ì	2, 3	CTOR	NATIONAL NAVAL N	· ·		,	THESDA	AIH		9c. COUNTY	rgom!		
· Sell Staffer St		-W-	10e. STATE 10b. COUNTY	,	10c. CITY, TO	OWN OR LOCAT	TON				104	d. INSIDE CITY	
	t. Pages	DIR	MARYLAND N	IONTGOMERY		KENSI	INGTON				1 [LIMITS?	0
	berm	Z Z	10a. STREET AND NUMBER			101.	. ZIP CODE			10g. CITIZEN	OF WHAT	T COUNTRY?	
an.	ransit	FUNER	10012 FREDER				20895					TATES	
21203-3146 tal or attending physician.	the burial-transit permit.	BY FU	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	If yes, spe	ENCENT OF HISPAN ecify Cuban, Mexical 2 NO Specify	n, Puerto f		or No— 14.	RACE — Bleck, Wi Specify:	American Indian	,
03-	use as	ED	15. DECEDENT'S EDU (Specify only highest grade		6a. OECEDENT'S USI			18b	KIND OF BUS	INESS/INDUST	FRY	***************************************	
2 2		ᇤ	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	itired.)	st or working						
	be detached for at once.	COMPL	12		H	OUSEWII							
A	be detact	_	17. FATHER'S NAME (First, Middle, Last)	WI TOP			18. MOTHER'S NA						
MARYLAND retained by the hosp		BE	GEORGE E 190. INFORMANT'S NAME (Type/Print)	· KTISE	19b. MAILING AD	ORESS (Street a	and Number or Flural F		DE MAD		de)		_
MARY retained	5 should notified	6	JEAN FAIRCHILD ADA	MS			STREET, S					910	
	2 -		20e. METHOD OF DISPOSITION	20b. P	LACE OF DISPOSITION			311141		CATION — City			•
ORE,	a -		1 X Buriel 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)		INGTON N	ATIONAI	L CEMETER	RY	ARLI	NGTON	, VI	RGINIA	
BALTIMORE, er death. Page 6 may	e funeral director. J. Examiner must		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		FRANCI	IS J. COI	LINS	FUNER	AI. HO	ME.	TNC.	
3ALT	0 = 0		> (Shun)	(lime!		1	NIVERSITY				-		01
aff	d in by the or removal.		23. PART i. Enter the diseases, or shock, or heart failure.	complications that coused to		enter the mo	da of dying, suc	h aa card	flac or respir	atory arrest	,	Approximat	
- HOURS	POE		IMMEDIATE CAUSE (Final	and only one occording								Onset end	
5, within 2	ompletely fille I, cremation, event, the		diseese or condition resulting in death)	a. PULMONARY									
13146, executed wi	2 - e			DUE TO (OR AS A C	ONSEQUENCE OF):								
13146 executed	and o	RTIFICATION	Sequentially list conditions,	DUE TO (OR AS A C	ONSEQUENCE OF):							-	
× 3	sician prior	CAT	if any, leading to immedista cause. Enter UNDERLYING	e.									
. E	ing phy giene p	Ĭ	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A C	ONSEQUENCE OF):								
P.O.	동그	CER	resulting in death) LAST	d								-	
(n) 2	y the att nd Menta injury,	AL C	PART II. Other significant condition	s contributing to death but	not resulting in t	tha underlyin	g ceuse given in	Part I.	24a. WAS AN			ERE AUTOPSY FIN	
ORD s that t		DIC						_	1 TYES 2		CO	OMPLETION OF CA	
RECORI	been signed to pt. of Health a 3 shows any	MEDIC									1 [YES 2 N	0
<u> </u>	ept.	N.											
VITAL	erte er	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	LACE OF DEATH (Ch						
	the the	PHYS	1 TYES 2 X NO 27. MANNER OF DEATH	1 X Inpatient 2 ☐ ER/Outpati	28b. TIME O		JURY AT		r (Specify) SCRIBE HOW II	NJURY OCCUF	ED		_
	this with		1 X Netural 5 Pending	(Month, Day, Year)	INJUR	Y WO	YES 2 NO						
DIVISION OR ATTENDING	DIRECTOR: After hours after death tem 28 is mai	D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY —	- At home, farm, stre	et, factory, offic	:0		ATION (Street a	and Number or	Rurel Rout	te Number,	
ISI	28 I	쁘	4 Homicide determined	building, etc. (Specify	,			City	or Town, State)				
No S	DIRE	PLE	29e. CERTIFIER (Check only	ICIAN: To the best of my knowled	ige, death occurred a	et the time, date	and place, and due	to the ca	use(e) end men	iner es stated,	-		
SPITA	FUNERAL within 72 I	COMPL	anal	R: On the basie of axamination a	and/or investigation,	in my opinion, d	death occured at the	time, date	end place, en	d due to the c	euse(e) er	nd manner ee ats	rted.
E E	E FUN	ш	29b. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NUI	MBER		29d. DATE S	IGNED (M	onth, Day, Year)	
TO THE HOSPITAL	TO THE FUNER be filed within 7 IMPORTANT:	TO B	CD Mille MO				USN			► 0°	1 00	JT 90	
•		F	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type, Pri	int)	NATIONAL	NAVA	L MEDI	CAL CI	ENTE	R	
15	•		21 DATE Ell ED (Month Day Your)	LT MC USN	7100	F	BETHESDA.	MD	20889-	5000			
			31. DATE FILED (MULT PO 09 '90	32. REGISTRAR'S SIGNAT	doon-Rande	00_							



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3	2		7
retained	5 should		notified
y be	age		pe
6 ma	ector, p		must
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within . Lons after death, Page 6 may be retained by the ho	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact	J.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
urs after	led in by th	, or remova	medical
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d within	mpletel	i, crema	event,
be execute	ician and co	nor to buna	traumatic
ertificate	ling phys	vgiene pi	other
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31. DATE FILED (Month, Day, Year)

OCT 1 1 '90

WASHING TOS

POAD

32. REGISTRAR'S SIGNATURE

Action Devinder Acordate

	FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPAR CERTIF	RTMENT OF I	HEALTH AND I		TYGIENE	90	2	8821	
BY FUNERAL DIRECTOR	1. DECEDENT'S NAME (First, Middle, Lest) Mabel D. Owings 4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (H	n yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 MRS.	2. DATE OF MONTH OCTO 7. DATE OF (Month, D)	ber !	9, 199	BIRTHPLAC	1758 M	
								05-11-06 Mar yrand			
	Carroll County	Wes	stminste		C	011					
	Maryland Ca	ter					. INSIDE CITY LIMITS? YES 2 PNO				
	1812 Old Washingt	10	21157					USA			
	11. MARITAL STATUS 1 Never Married 2 Married 3 X Midowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 (NO	If yes, s	CENDENT OF HISPAN pecify Cuban, Mexica S 2 XNO Specify	in, Puerto Rici	Rican, etc.) Black, Whi		American Indian, lite, etc. White		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of life. Do NOT u	usual occupation work done during more retired.)	ION ost of working	Owings Choice Farm			Farm		
COM	17. FATHER'S NAME (First, Middle, Last) Brinton Stu	hhins			16. MOTHER'S NA	ME (First, Mick	fle, Maiden S	Surname)	-		
TO BE	19a. INFORMANT'S NAME (Type/Print)		196. MAILING	ADDRESS (Street	and Number or Rural i	Route Number.	City or Town	State, Zip Co	de)	A 211 E	
	Doris O. Barnes 1354 Washington Rd. Westminster, Md. 2115 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of competery, cremetory or 20c. LOCATION - City or Town, State										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Comparison Signature Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison Comparison										
	Thomas D. Fletcher & Son F.H. 25% Fast Main Matree 157										
	23. PART *. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reepiratory arrest, abock, or heart failure. Liet only one cause on each line. Approximate Interval Between										
	disease or condition resulting in death)									Officer and Death	
z		DUE TO (OR AS A CONSEQUENCE OF): SEVERE CHF									
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE OF): (3) SERVERE CORONARY ARTERY DISPASE									
CERTIFICATION	CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): MUSCHARE APPRIC STENCES									
PHYSICIAN: MEDICAL CE	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPS PERFORMED? 1 □ YES 2 MNO							MED?	COL	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
AN: A	25. WAS CASE REFERRED TO MEDICAL			00.6	PLACE OF DEATH (Ch						
SICI	EXAMINER?	HOSPITAL:	atlent 3 DOA	OTHER:	me 5 Residence		Specify)				
ВУ	1 Netural 5 Pending (Month, Day, Year) INJURY WORK? M 1 YES 2 NO						28d. DEŞCRIBE HOW INJURY OCCURED				
	2 Accident 3 Suicide 4 Homicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)							Number,			
COMPLETED	cool only	ICIAN: To the best of my knowless: On the basis of examination								d menner as stated.	
8	29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NU	MBER			IGNED (Mo	rith, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Typ	n, Print)					7		

WESTMINSTER

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DHMH-18 Rev 1/89

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	FOR STATE REGISTRAR	STATE OF MARYL		EPARTMEI RTIFICAT			MENTAL HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Le	G. PINK	KHAI	n			2. DATE OF DEATH MONTH D. OCt.	AY YEA 199		
	4. SOCIAL SECURITY NUMBER 577-10-8232	1 x M 2 □ F 7	(In yrs. lest bli	YRS. MONTH		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Mar. 15,	1916	RTHPLACE (State or Forebuntry) New Jersey	
TOR	Hertiage Healt	h Care Center		9b. Cl		ma Park	EATH	9c. COUNTY O	ntgomery	
TO BE COMPLETED BY FUNERAL DIRECTOR	100. STATE 10b. COUNTY Maryland Prince Georges			loc. CITY, TOWN	on LOCAT					
	100. STREET AND NUMBER 2307 Calvert					20783		10g. CITIZEN C	1½ YES 2 N	
	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES			IMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or					AACE — American Indian Slack, White, etc. Specify: White	
	15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12) 1-12	EDUCATION rade completed) College (1-4 or 5+) 1 Year	(Give	OENT'S USUAL kind of work doo NOT use retired	ne during mo d.)	st of working		ISINESS/INOUSTR		
	17. FATHER'S NAME (First, Middle, Last)		rus	t Offi	се ре	16. MOTHER'S N	AME (First, Middle, Maiden	Governme Summen) Ferris	ent	
	190. INFORMANT'S NAME (Type/Print) Edna W. Pinkha		19b. N		OHA CA	nd Number or Rural	Route Number, City or Tow	vn, State, Zip Code	·	
	Edna W. Pinkham 2307 Calvert Street, Adelphi, Md. 20783 20s. METHOD OF DISPOSITION 1 Burlel 2X Cremetion 3 Removal from State 4 Donestion 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) Metropolitan Crematory Alexandria, VA									
	22. NAME AND ADDRESS OF FACILITY HInes/Rinaldi Funeral Home 11800 N.H. Ave., S.S. Md. 20904									
O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Inner the disease, shock, or heart talk IMMEDIATE CAUSE (Finel disease or condition resulting in death)	complications that cause the list only one cause on a a. Due To (or as /	ach line.	n. Do not an	ter the mo	de of dyling, su		oiratory arreat,	Approximatintarval Bal Interval Bal Onset and	Dea
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b DUE TO (OR AS A								
	resulting in death) LAST d PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDING.									
	multiple Cl			-				RMED?	24b. WERE AUTOPSY FIN AMAILABLE PRIOR TI COMPLETION OF CA OF DEATH? 1 YES 2 No	O
	25. WAS CASE REFERRED TO MEDICAEXAMINER? 1 VES 2 NO	HOSPITAL:	petient 3 🗆		EA:	LACE OF DEATH (C	theck only one)			
	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigat	28s. DATE OF INJURY (Month, Day, Year)	26s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WO				INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED			
8		3 Suicide 6 Could not be 28e. PLACE OF INJURY — At he building, stc. (Specify)				ome, farm, street, tectory, office 281. LOCATION (Street and Number or Rural Ro City or Town, State)				
COMPLET	one)	HYSICIAN: To the best of my know MINER: On the basis of sxamination							use(s) and manner as at	nted.
TO BE C	29b. SIGNATURE AND TITLE OF CERT	enton				29c. LICENSE NI	UMBER 74	29d. DATE SHE	7/90 (Mer)	
-	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DE	EATH (ITEM :	27) (Type, Print)	1	200-1	PHOFFI	570 TO	70	

32. REGISTRAR'S SIGNATURE
Juha Davidson Randoll

2309 SHOREFIELD WHEATON MD

	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPART CERTIFIC				GIENE 6. NO.	90 2882
	1. DECEDENT'S NAME (First, Middle, Li	Proctor				2. DATE OF DEA	2 - 90	
	4. SOCIAL SECURITY NUMBER 577-24-6/77 9h. FACILITY NAME (If not institution, g	1 🗆 M 2 💢 F	89 YRS.	IF UNDER 1 YEAR ONTHS DAYS	F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day,)	-0/ W	BIRTHPLACE (State or Foreign Country) Ashington, D
CTOR	HYANSVILL MAY	OR Nursing Ho	me	HYAHSVIII	2 Maryld	nd	<i>f</i>	OG.
L DIRE	10a. STATE 10b. COI	PG .		KOMA	PARK,	MARGI	ind	10d. INSIDE CITY LIMITS? 1 XYES 2 NO
FUNERAL		12. WAS DECEDENT EVER	IN H.C. ADMED		21P CODE 20783			N OF WHAT COUNTRY?
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 X NO	If yes, sp	ENDENT OF HISPANI ecity Cuban, Maxican 2 NO Specify:	C ORIGIN? (Spec , Puarto Rican, a	ity Yes or No	RACE — American Indian, Black, Whita, etc. Specify: White
TO BE COMPLETED	15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12) 12th	EDUCATION trade completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wo life. Do NOT use Elevator	rk done during ma retired.)	st of working		al Gover	
	17. FATHER'S NAME (First, Middle, Last, Unknown)	10. MOTHER'S NAM	MOTHER'S NAME (First, Middle, Maiden Surname) Cena Jones				
	198. INFORMANT'S NAME (Type/Print) Dorothy J. Bart		5131	7th Str	eet N.E.			.C. 20011
	20a. METHOD OF DISPOSITION 1 XBurial 2 Cremation 3 1 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	Ramoval from State	ARYLAND N	ational	Cemetery	,]	Laurel, N	
	23. PART I: Enter the diseases.	G Haller	#816	4217	all's Fur 9th Stre	eet N.W	. Wash	nington, D.C.
N: MEDICAL CERTIFICATION	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Due to (or as	A CONSEQUENCE OF:	due }	o Cerel		Viewpla.	577
	PART II. Other eignificent condi			the underlying	g ceuse given in F	P	AS AN AUTOPSY ERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 USS 2500	HOSPITAL: 1 Inpetient 2 ER/Ou		THER:	ACE OF OEATH (Che		(v)	
ВУ РНУ	27. MANNER OF DEATH 1 Autural 5 Pending 2 Accident Investigat	26s. DATE OF INJURY (Month, Day, Year)	26b. TIME		PURY AT DRK? YES 2 NO	28d. DESCRIBE	HOW INJURY OCCU	RED
E	3 Suicide 6 Could not 4 Homicide determine			201. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLET	one) —	HYSICIAN: To the best of my know						
TO BE C	29b. SIGNATURE AND TITLE OF CERT	100			29c. LICENSE NUM	BER 4	29d, DATE :	SIGNED (Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON	10 MD 7	500 Gra	cowa	Cto Dr	ive #	930 Gr	on bed no
	31. DATE FILED (Month, Day, Year) OCT 0 9 '90	32. REGISTRAR'S SIG	MATURE Andole					

			REGISTRAR		CERTIF	ICATE C	F DEATH	REG. NO		
	n ja Gladiana		1. DECEDENT'S NAME (First, Middle, Last) MYRTLE	PARICERMY	RTLE B.	PARK	ER	2. DATE OF DEATH MONTH D	AY 90	3. TIME OF DEATH 3.17 pm
	P	7	4. SOCIAL SEQURITY NUMBER 218-30-3004	5. SEX 6. AGE ((In yrs. last birthday) 7 YRS.	IF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year) June 2,		BIRTHPLACE (State or Foreign Country) Maryland
ould			9a. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TO	N OR LOCATION OF DE		9c. COUNTY	
1.2.3	- 1	Greater Laurel Beltsvile Hosp Laurel Pr Ge								eorge
Sec. 23	-	CARRES	10a. STATE 10b. COUNTY			Y, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?
H. P.	- 1	DIR	TAGE V. LOUIL	e George	I	aurel				1 YES 2 □ NO
permit.		₹ I	10e. STREET AND NUMBER				10f. ZIP CODE			OF WHAT COUNTRY?
46 physician. burial-transit		FUNERAL	9910 Harmony				20707		U.S	
46 physician. burial-trar		5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 YES	2 NO	If yes	, specify Cuban, Mexica			. RACE — American Indian, Black, White, atc.
3-314 ending pl as the b		B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D.	ATES	10	YES 2 NO Specify	ŗ:]	BTack
21203-3146 al or attending phys for use as the buri		TED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	16a. DECEDENT'S (Give kind of life. Do NOT u	words done during	ATION most of working	16b. KIND OF BU	SINESS/INDUS	TRY
		COMPLET	7th Grade	College (1-4 or 5+)	Domes	_	(Ret)	N.	one	
AND 2 the hospital detached fo	once.	MO	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden		
2 6 6	60	E C	Albert 1	Moore			Laur	a Willi	ams	
MARYL retained by 5 should be	notified	00	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (St	et and Number or Rural	Route Number, City or Tox	vn, State, Zip Co	
5 e 5	по	5	Mr Ralph Parker	(Son)	9910	Harm	ony Lane	, Laurel	. Md	#20707
TE, T	st be		20e. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Rem	oval from State	other place)		f cemetery, cremetory or	20c. LC	CATION — City	y or Town, State
Page 6 mg	r must		4 Donetion 5 Other (Specify)		Mt Zion	Ceme			aurel	. Md
death. F	examiner	-	21 SIGNATURE OF FUNERAL SERVICE 23	ENSEE / Sur	-den	SN	E AND ADDRESS OF FA OWDEN FUI 6 N. Wasi	NERAL H	OME P	.A. #20850 ockville, Md
nours after d in by the	5 m		23. PART I. Enter the diseases, or	or plications that cause	d the death. Do					
24 hours filled in			ahock, or heert failure.	CARDIO	RESPI	RATOR	Y ARRE	ST.		Interval Between Onaet and Death
	the .		disease or condition resulting in death)	. Cardin	Resp	irate	ery an			
d with	event,		Tooling in doubly	DUE TO (OR AS	A CONSEQUENCE C	Bit.	ateral P	neumonia		
13146, executed within and completely		N	Sequentially list conditions,	Bulale	A CONSEQUENCE O	nees	Westla			
. =	traumatic	CATION	If any, leading to immediate cause. Enter UNDERLYING	AR A A R		epsis				i
BOX ifficate be	other t	FIC	CAUSE (Disease or Injury that initiated events	DUE TO (OF AS	A CONSEQUENCE O					
. O.	f b	RTIFI	resulting in death) LAST	Deny	Deale	ind	Dehydrat:	ion		
S, P. he death the atten		8	PART II. Other significant condition	s contributing to death i	but not resulting				YAUTIOPSY	24b. WERE AUTOPSY FINDINGS
	E =	EDICAL	THE WOOD SHOWS TO SHOW THE SHOWS	our parting to death r	out not resulting	in the divoci	ying cause given in	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ires the	ws ar							1 ☐ YES	2 🗌 NO	OF DEATH?
REC v requir been si	Dept. of Health a	Σ						_		1 TES 2 NO
1 <u>10</u> 88	e Dept.	IAN	25. WAS CASE REFERRED TO MEDICAL			2	6. PLACE OF DEATH (C)	eck only one)		
VITAL HAN: The	the State C	PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out	patient 3 🗆 DOA	OTHER:	Home 5 🗆 Residence	6 Other (Specify)		
PHYSIC This ce			27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TH	JURY	INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCUP	RED
Affer	D 60	BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Spe	Y — At home, farm,			281. LOCATION (Street City or Town, State	and Number or	Rurel Route Number,
DIVISION DR ATTENDING DIRECTOR: After	hours after Item 28	ETED	4 Homicide determined	bulleting, etc. (3)-6	1			City or lown, State	"	
	CV 900	COMPL	(Critical Critis)	CIAN: To the best of my know ER: On the basis of axamination	/ /					ceuse(a) and manner as stated.
THE HOSPITAL THE FUNERAL	be filed within 7 IMPORTANT: I	BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	- artroi	1	1	29c. LICENSE NU	MBER 3.6.6	29d. DATE S	SIGNED (Month, Day, Year)
10	B pe	2	30. NAME AND ADDRESS OF PERSON WI	A	EATH (ITEM 27) (50)	n, Print)	Anne	C+	facer	4. Ald. 2010
0			31. DATE FILED (Month, Day, Year)	ORRE, M	NATURE		tzoner	7 41.0	Juice	7. Ma. 6/10
			OCT 09 '90	Julia David	son-Randal	2				

cuted within 24-nours after death. Page 6 may be retained by the hos	id completely filled in by the funeral director, page 5 should be detach	ourial, cremation, or removal.	tic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner
6	7		

31. DATE FILEO (Month, Day, Year) OCI 01

'90

	1 - STATE REGISTRAR	STATE OF MARYLAND) / DEPARTMEN CERTIFICAT	IT OF HEALTH AND I	MENTAL HYGIE REG. N	-/ (28825
	DECEDENT'S NAME (First, Middle, Linst) JOHN	PAAR, JR.			2. DATE OF DEATH MONTH Sept.	DAY YE 27 199	3. TIME OF DEATH
1	34. SOCIAL SECURITY NUMBER 489-09-3402A	1 □XM 2 □ F 90	YRS. MONTHS		7. DATE OF BIRTH (Month, Day, Year) July 1,	1900 M	BIRTHPLACE (State or Foreign Quantry) ISSOURI'
TOR	9a. FACILITY NAME (If not institution, give s Montgomery RESIDENCE OF DECEDENT	General Hospit		ry, town or location of di Olney	EATH	Montgo	
ріяєстоя	10a. STATE 10b. COUNT	/ Montgomery	10c. CITY, TOWH	shton			10d. INSIDE CITY LIMITS? 1 57 YES 2 NO
FUNERAL	17531 Shenandoa			101. ZIP CODE 20861		1	OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	™NO	3. WAS DECENDENT OF HISPAI If yea, specify Cuban, Maxica 1 YES 2 NO Specif	n, Puarto Rican, atc.)	Yes or No- 14.	RACE — American Indian, Black, Whita, atc. Specify: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1 - 1 2	CATION 16a Completed) College (1-4 or 5+) N/A		OCCUPATION le during most of working (.) Ountant	1000	nusiness/indust	
COM	17. FATHER'S NAME (First, Middle, Last)	ar, Sr.		102	ME (First, Middle, Meio	len Surname)	
BE	19a. INFORMANT'S NAME (Type/Print)	iai, Si.	19b. MAILING ADDRE	Mar:	ia Nichol Route Number, City or		de)
10	Richard Paar			henandoah Ct			
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	20b. PL/ oth	er place)	Name of comotory, cromatory or morial Garde		LOCATION - CHY	or Town, State
	21. SIGNATURE OF DEMANDIAL SERVICE LI	Rigilie	2:	2. NAME AND ADDRESS OF FA Hines/Rinal	di Funera	l Home	ng, Md. 20904
		complications that caused the List only one cause on each		er tha moda of dying, suc	ch aa cardlac or ra	apiretory arrast	Approximata interval Batween
	iMMEDIATE CAUSE (Final disease or condition resulting in daath)	CA PRINCA			1/4)		Onset and Daath
IFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A COL DUE TO (OR AS A COL C. DUE TO (OR AS A COL DUE TO (OR AS A COL	NSEQUENCE OF):	BTIVE HO	MRT FI	MURE	acate
CERTIFICATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b. DUE TO (OR AS A COL	NSEQUENCE OF):		MRT FI	an u/CE	acate
MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A COL	NSEQUENCE OF): NSEQUENCE OF):	B7105 HO,	n Part I. 24a. WAS	AN AUTOPSY FORMED?	acate
MEDICAL	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are conditions.	DUE TO (OR AS A COL	NSEQUENCE OF): NSEQUENCE OF):	B7105 HO,	n Part I. 24a. WAS PER 1 YES	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 PRO	DUE TO (OR AS A COL	NSEQUENCE OF): NSEQUENCE OF): NOTH	undarlying cause given in	1 Part i. 24e. WAS PER 1 YES	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions.	DUE TO (OR AS A COLD DUE TO (OR AS A COLD C. DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD EXAMPLE: DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (OR AS A COLD DUE TO (NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF):	undarlying cause given in 26. PLACE OF DEATH (C) ER: Nursing Home 5 Rasidenca 28c. INJURY AT WORK? 1 YES 2 NO	heck only one) 8 Other (Specify) 24a. WAS PER 1 YES	AN AUTOPSY FORMED? 3 2 NO W INJURY OCCUR	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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32. REGISTRAR'S SIGNATURE
Julia Davidson-Randelle.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Tours after death. Page 6 may be intained by the hospital or attending a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the 1	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
O THE HOSPITAL OR A	THE FUNERAL DIREC	e filed within 72 hours	MPORTANT: If Item

31. DATE FILED (MORITI, Day, Year)

OCT 0 1 *90

32. REGISTRAR'S SIGNATURE
Julia Daydon-Randoll

	FOR 1 - STATE REGISTRAR	STATE OF MARYL			F HEALTH AND	MENTAL HYGIEN REG. NO.	E 9(3 2	28826
	1. DECEDENT'S NAME (First, Middle, Last)	Henry Prage	RACE	-0		2. DATE OF DEATH MONTH DA		3. T	IME OF DEATH
. 1	4. SOCIAL SECURITY NUMBER			-		9-26	~ <u> </u>	4 1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	14 Oct Antica Compact	10.1000	MO	HTHS DA		7. DATE OF BIRTH (Month, Day, Year)	8. 9	SIRTHPLAC Country)	CE (State or Foreign
	528-26-3002	1 X M 2 □ F 8				Aug. 16,	1905 N	New A	1exico
	9a. FACILITY NAME (If not institution, give stre	et and number)	91	. CITY, TO	WN OR LOCATION OF D		9c. COUNTY	OF DEATH	
5		OVENUTIST A	tosp.	RO	CKVILLE	MO.	mo	NIE	SOMERY
3	RESIDENCE OF DECEDENT			78/					,
מואם	10e. STATE 10b. COUNTY		10c. CITY, T		gton, D.C.				. INSIDE CITY LIMITS? YES 2 NO
4	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEN	OF WHAT	COUNTRY?
LONGHAL	3311 Cathedral A	venue, N.W.			20008		Unite	ed St	ates
5	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS	DECENDENT OF HISPA	NIC ORIGIN? (Specify Yea	or No- 14.	RACE /	American Indian,
	1 Never Married 2 X Married	FORCES? 1 YES	2 🔀 NO	If yes	s, specify Cuban, Maxico	en, Puerto Ricen, etc.)		Black, Wh	ita, atc.
5	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 10	YES 2 X NO Specif	y;	L_'	Specify:	White
3	15. DECEOENT'S EDUCA		16a, DECEDENT'S US	UAL OCCU	PATION	16b. KIND OF BUS	INESS/INDUST		MILEC
	(Specify only highest grade of	· ·	(Give kind of work	done durin	g most of working	United			1
3	Elementary/Secondary (0-12)	College (1-4 or 5+)		,					
		2	Publish	er	_	Inform	ation <i>P</i>	\genc	У
COMPLE	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maiden	Surname)		
20	William Samuel 1	Prager			Hall	ie Amanda l	Mendenh	nall	
5	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AC	DRESS (Str	reet and Number or Rural	Route Number, City or Town	n, State, Zip Cod	ie)	20000
-	Lynn E. Prager		3311 C	athe	iral Avenu	e, N.W., Wa	shingt	on.	20008 D. C.
- 1	20a, METHOD OF DISPOSITION	20			of cemetery, crematory or		CATION — City		
	1 Burial 2 Cremation 3 Remove	val from Stata	other place)						COLUMN TO THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PART
- 1	4 Donetion 5 Other (Specify)		ort Lincol				ntwood,		yland
			100381	Rol	pert A. Pu	mphrey Fund	eral Ho	ome/	
	Darbara Jomo	mullen Lau	nence	Bet	thesda-Che	mphrey Funday Vy Chase, esda, Mary	Inc. 7	7557	Wisconsin 1-3501
T	23. PART I. Enter the diseases, or co	omplications that cause	d the death. Do not						Approximata
1	ahock, or heert fellure. L				mode or dying, vac	ni do caratoo or raspi	ratory arrost,	·	intarval Between
- 1	IMMEDIATE CAUSE (Fine)	50 1				m 63112		- !	Onset and Deeth
	disease or condition reaulting in deeth)	Talo	nonas	5	6	w 69118	m.		
	-5-1	DUE TO (OR AS	A CONSEQUENCE OF):	0) "				
ا ع	_ b	-tro	witer	Low	the	0		!	
2	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):						
5	cause. Enter UNDERLYING							!	
HILICATION	CAUSE (Disease or injury that initiated events	OUE TO (OR AS	A CONSEQUENCE OF):						
₽	reaulting in death) LAST							ļ	- 1
5		·							
ايا	PART II. Other algnificant conditions	contributing to daeth	but not reaulting in	tha undar	lying cause given in				RE AUTOPSY FINDINGS
<u> </u>						PERFOR		COR	ILABLE PRIOR TO IPLETION OF CAUSE
5						1 🗆 YES 2	NO NO		DEATH?
PHTSICIAN: MEDICA	1					—		1 [YES 2 NO
١									
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	6. PLACE OF DEATH (C	heck only one)			
7		1 Inpatient 2 ER/Out			Home 5 - Residence	S C Other (Specify)			
	27. MANNER OF DEATH	28s. OATE OF INJURY	28b. TIME (OF 280	. INJURY AT	28d. DESCRIBE HOW I	NUMBY OCCUR	ED	Home
	1 Natural 5 Pending	nding (Month, Day, Year) CA CHEN WORK?						everna !	
0	2 Dutatta	28a, PLACE OF INJUR	Y — At home, farm, atre	et, factory,	office	28f. LOCATION (Street and City of Town, State)	and Number or F	Rusel Boute	
1	4 Homicide determined	building, etc. (Spe	icify)		13	City or Town, State)	46	1	erening
ų	20a CERTIEIER		Jansin	-	420 ans		1 men	10,	- we
<u> </u>	anni omy	ZIAN: To the best of my know							7
COMPLEIED	one) * MEDICAL EXAMINER	t: On the basis of exemination	on and/or investigation,	in my opini	on, death occured at the	e time, data and place, an	d due to the ce	iuse(s) and	manner as stated.
- 1	29b. SIGNATURE AND TITLE OF CERTIFIER		^		29c. LICENSE NU	MBER	29d. DATE SI	GNED (Mo	nth, Day, Year)
N N	- Tolar	() Em	2	tre	10	NY 2813	P 9.	~.2	7-90
2						200			, (

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician. THE FINE FINE After this certificate has been sinned by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit
to fleet within 72 bours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	TATE OF MARYLA		ENT OF HEALTH AN	ID MENTA	AL HYGIENE REG. NO.	9	0 28827
	1. DECEDENT'S NAME (First, Middle, Last) CHARLE	ES EDWI	N PETT	TIT	2. DATI	e of DEATH TH - 2 DAY	-90	3. TIME OF DEATH 4/16 AM
	* HERE AND CONTRACTOR 2-27	6. AGE (I	n yrs. lest birthday) IF I	INDER 1 YEAR IF UNDER 24 H		e OF BIRTH	Co	RTHPLACE (State or Foreign untry) IOWA
TOR	WASTHINGTON Ad Vent RESIDENCE OF DECEMENT	4 - 4 4		TAKOMA	PAR		Mon	Thomeny
DIRECTOR	10e. STATE 10b. COUNTY IL KNOX	ζ		WN OR LOCATION LESBUR	G			10d. INSIDE CITY LIMITS? 1 XYES 2 NO
FUNERAL	1577 N. CHE	ERRY S	TREET	10f. ZIP CODE	401	/	109. CITIZEN O	F WHAT COUNTRY?
B	4 - Mouse Montad & Wanded	WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA WWI	2 NO ATES	13. WAS OECENDENT OF H If yes, specify Cuban, N 1 YES 2 NO	lexican, Puerto		B	ACE — American Indian, lack, Whita, atc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade composition) Elementary/Secondary (0-12) Composition	ON	life. Do NOT use ret	done during most of working	-16	INSURA		
BE COM	17. FATHER'S NAME (First, Middle, Last) CHARLES E. PETT	IT		18. MOTHER ANNA	E.		MARSH	
٩	ANNE M. PETTIT	(WIFE)	1577 N.	CHERRY STRE	ET, GA	ALESBURG	, ILLI	NOIS 61401
	20e. METHOD OF DISPOSITION 1	from State	other place)	N (Name of cometery, cremator AN CREMATORY	7.		ANDRIA	Town, State , VIRGINIA
	21. SIGNATURE OF FUNERAL SERVICE LICENS Multiple Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the C	Brosler	,	FRANCIS J. 500 UNIVERS	COLLIN			E, INC. P., MD 20901
	23. PART I. Enter the dissses, or company shock, or heart failure. List IMMEDIATE CAUSE (Finst disease or condition resulting in death)	only ons cause on s	ach lins.			•		Approximate Interval Batween Onset and Death
NO	disease or condition resulting in death) s. Myocardial Infarction Minutes Due to (or as a consequence of): Anteriodal Profic Cardiovascular Disease Tears Due to (or as a consequence of): Due to (or as a consequence of):							
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):					
	PART II. Other significant conditions or	ontributing to death h	out not resulting in ti	ns underfying cause gly	en in Part I	24e, WAS AN A	LITOPSY	24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL						PERFORM		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN		OSPITAL: ☐ Inpatient 2 PR/Outs		26. PLACE OF DEAT				
BY PHYS	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	26c. INJURY AT	28d. D	DESCRIBE HOW IN.	JURY OCCURE	
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, atc. (Spe-	/ — At home, farm, stree cify)	t, factory, office		OCATION (Street an ity or Town, State)	nd Number or Ru	ral Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN MEDICAL EXAMINER: 0	n the basis of examination	on end/or investigation, is	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s				se(e) end manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER Bandan Mulsu Ha 30. NAME AND ADDRESS OF PERSON WHO CO	I Depu	ty Medica	29c. LICENS	E NUMBER	2	▶ 9 -	NEO (Month, Day, Year) 27-9.0
É	PAUL A. DEVOR			instry Rd	HYAT	150.11	e MO	20181
	31. DATE FILED (Month, Day, Year) SEP 28 '90	32 REGISTRAR'S SIGN	MATURE Mandelle					

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AECC	requires
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>	ICIAN:
Ö	PHYS
VISION OF VITAL RECORDS, P.O. BOX 13146	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle Last) 2. DATE OF DEATH 3. TIME OF DEATH 90 02 Buster Powell 10 1:05 4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign HOURS DAYS 1- M 2 F YRS. Raleigh, N.C. 228-10-7962 /27/191 9a. FACILITY NAME (If not institution, give street and number 9b. CITY TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH Dorchester General Hospital Cambridge, Maryland Dorchester DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Dorchester East New Market 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? P.O. Box 262 21631 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Mexican, Puerto Rid 1 YES 2 NO Specify: FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 1 Never Married 2 Married Specify: Black BY 3 Widowed 4 Divorced Separated 60 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp. E Elementary/Secondary (0-12) College (1-4 or 5+) Acme Markets COMPL Food Processor 6 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Jasper Powell Louisiana Powell BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 P.O. Box 262, East New Market, Md. 21631 Milton T. Slacum 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State Burlei 2 Cremation 3 Removal from State 190 Buriel 2 Cremenon 4 Donation 5 Other (Specify) East New Market Cemetery E. New Market, 22. NAME AND ADDRESS OF FACILITY PO Box 43, Federalsburg 21. SIGNATURE OF FUNERAL SERVICE LICENSEE ත Framptom-Hawkins Funeral Home 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such sa cardiac or respiratory street, Approximate shock, or heart failure. List only one cause on each line.

E CAUSE (Final Pneumonia Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) Pneumonia oue to (on as a consequence of):

Ohronic obstructive pulmonary disease CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING **CAUSE** (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS 24s. WAS AN AUTOPSY MEDICAL PERFORMED? MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO ng Home 5 🗆 Reeldence 6 🗆 Other (Specify) 4 - Nur 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigat 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, tactory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide COMPLETED 6 Could not be 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE D39749 9

40402 Byrn Street

Combined ge MD

DIRECTOR: /

FUNERAL I

THE Bell

228

HOSPITAL OR

If Item

IMPORTANT:

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Lulia Davidson-Randale

Davidle 6 Oltyer .. M. Do

03 '90

31. DATE FILED (Month, Day, Year)

21.6133

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OR AT	DIRECT	item 2
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as its find within 70 hours after charb with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HO	THE FU	PORTA
2	22	=

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF	HEALTH AND N DEATH	MENTAL HYGIEN REG. NO		0 28829
	1. OECEDENT'S NAME (First, Middle, Last) SOPHIE PUPSHIS					2. DATE OF DEATH DO 10	3 90 YE	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yra. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6.1	BIRTHPLACE (State or Foreign
	140-09-1064	1 □ M 2 💢 F 7	3 YRS.	MONTHS DAYS	HOURS MIN.	03 22		EW YORK
~	9a. FACILITY NAME (If not institution, give	street end number)		9b. CITY, TOWN	OR LOCATION OF OE	ATH	9c. COUNTY	OF DEATH
DIRECTOR	NORTH ARUNDEL HOSPIT	AL HOSPITAL DRIV	E	GLEN BUR	NIE MARYLAN	D	ANNE A	RUNDEL
REC	10a. STATE 10b. COUNT			Y, TOWH OR LOC				10d. INSIDE CITY LIMITS?
	MARYLAND 10e. STREET AND NUMBER	ANNE ARUNDE	L		N BURNIE		Las arrange	1 TES 2 TNO
FUNERAL	6442 COLONIAL	KNOLL			21061			.S.A.
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN		13. WAS D	CENDENT OF HISPAN	IC ORIGIN? (Specify Yes		RACE - American Indian,
BY F	1 Never Merried 2 Married 3 Widowed 4 Olvorced	FORCES? 1 YES		If yes,	specify Cuben, Mexicar S 2 NO Specify	, Puerto Rican, etc.)		Black, White, etc. Specify:
	15. OECEDENT'S EO	HCATION	16a. DECEDENT'S	Hellar Occiler	CION	16b, KIND OF BU	CINIFOO (NICHO)	WHITE
COMPLETED	(Specify only highest grad	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during in se retired.)	nost of working	166, KIND OF BU	SINESS/INDUST	HY
P	Elemantary/Secondary (0-12)	0	CO	OK		PRIVAT	E SCH	OOL
Š	17. FATHER'S NAME (First, Middle, Lest)				16. MOTHER'S NAI	AE (First, Middle, Malden	Surname)	
BE (PETER ROGASTK	A				UROWZKI		
0	19a. INFORMANT'S NAME (Type/Print) FRANCES M. PU]	PSHIS				oute Number, City or Tow		
		BILLD			AVE. IND	IALANTIC	CATION — City	
	209. METHOD OF DISPOSITION / 1X Buriel 2 Cremation /3 Rer 4 Donation 5 Other (Specify)	novel from State			CEMETER			ALE, L.I.
	21. SIGNATURE OF FUNCTIAL SERVICE L	ICENSEE /	Λ		AND ADDRESS OF FAC	CILITY		
	+ Nau	Ld. Lou	fmen	RAYM 126	OND C. F CRAIN HW	INK FUNE Y.S.W.GI	RAL H EN B U	OME 21061 RNIE,MD.
	23. PART I. Enter the diseases, by abook, or heert fellule IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Mella	ach line.	Care		The A	12	Interval Between
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	CONSEQUENCE C					
	PART II. Other significent condition	one contributing to death b	out not resulting	In the underly	ing cause given in	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
CAL						PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED						1 YES :	Z MO	OF DEATH?
2						_		N/A
IAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE DF DEATH (Ch	ck only one)		
SIC	1 TES 2 NO	HOSPITAL:	patient 3 🗆 DOA	OTHER:	ome 5 🗆 Residence	6 Other (Specify)		
PHYSICIAN: MEDI	27. MANNER OF CEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TII	JURY	NJURY AT WORK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCUR	ED
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28a PLACE OF INJURY	/ — Al home, farm,			28f, LOCATION (Street	and Number or	Rural Route Number.
回	3 Suicide 8 Could not be 4 Homicide determined	bullding, etc. (Spe	clfy)			City or Town, State		
COMPLETED	one)	SICIAN: To the best of my know VER: On the basic of examination						suse(e) and manner se stated.
			1					
m	29b. BIONATURE AND TITLE OF CENTIFI	Chan	Alin	1	29c. LICENSE NUI	IBER /	29d. DATE S	IGNED (Month, Day, Year)
TO BE	Menes	then the	aser	a Period	- D83	8/	≥ /C	IGNED (Monty), Day, Year)
TO B	30. NAME AND ADDRESS OF PERSON W. DR. JAMES J. BENJAMI.	THE COMPLETED CAUSE OF OR			SVILLE MARY	8/	≥ /C	IGNED (Month): Day, Year)

TALL MODE, MADICAND 21203-314	arter death. Page 6 may be retained by the hospital or attending p	illed in by the funeral director, page 5 should be detached for use as the to in, or removal.	e medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, 7:0: BOX 13:14,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 and after death. Page 6 may be retained by the hospital or attending ph	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bube filled within 72 hours after death with the State Debt, of Health and Mental Hyglene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	REGISTRAR		CERTIF	ICATE O	DEATH	REG. N	0.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH		VEAR	3. TIME OF DEATH
	HAZEL G. PFE	CIFER				10 C	3	70	704
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH		6. BIRTHP	LACE (State or Foreign
		1 🗌 M 2 💢 F	97 YRS.	MONTHS DAYS	HOURS MIN.	09 20	93	VI.	RGINIA
R	96. FACILITY NAME (If not institution, give str MERIDIAN NURSI				OR LOCATION OF DE			TY OF DE	RUNDEL
DIRECTOR	RESIDENCE OF DECEDENT								
Ä	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOC	ATION				10d. INSIDE CITY LIMITS?
ā	MARYLAND	-		BAL	TIMORE				1 XYES 2 NO
4	10e. STREET AND NUMBER			1	of. ZIP CODE		10g. CITIZ	EN OF WI	IAT COUNTRY?
FUNERAL	1908 GRINNALDS				21230			U.S	
B	11. MARITAL STATUS 1 Never Married 2 Merried WWidowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO	If yes,	ECENDENT OF HISPAN specify Cuben, Mexice ES 2 NO Specify		ee or No-	Specify	– Americen Indian, White, etc. : : : ITE
COMPLETED	15. OECEOENT'S EOUC (Specify only highest grade of		18e. DECEDENT'S	USUAL OCCUPAT	TION	16b. KIND OF B	USINESS/INDI	JSTRY	
<u> </u>	Elementery/Secondery (0-12)	College (1-4 or 5+)	life. Do NOT u	work done during i se retired.)	nost or working				
립	12	0	HO	USEWIF	E	HC	MEMAR	ŒR	
8	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maide	n Surname)		=///-
<u></u>	ROBERT H. LEHNE	RT			ELL	EN CARR			
8	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stree	t end Number or Rural	Route Number, City or R	wn, State, Zip	Code)	
٩	ELSIE N. HINKLI	€				INTHICU			ID 21090
	20s_METHOD OF DISPOSITION 1 X Burial 2 Cremellon 3 Remo 4 Donetion 5 Other (Specify)	val from State	OUDON I	SITION (Name of C	emetery, cremetory or EMETERY		ocation — C LTIMO		() 1 () - () () () () () () () () (
	21. SIGNATURE OF FUNDERAL SERVICE LICE	INSEE // /)	4		AND ADDRESS OF FA				
	> //our	L. Kou	foreurs	, RAYI 426	MOND C. CRAIN H	FINK FUI	NERAL GLEN	HON NRUB	Æ 21061 NE,MD.
	23. PART I. Enter the diseases, price	omplications that caused	the death. Do	not enter the n	node of dylng, euc	h ee cerdiec or ree	piratory erro	st,	Approximate
	ehock, or heert fellule L IMMEDIATE CAUSE (Fine) disease or condition	let only one cause on a	ach line.		uma -	Onent			Interval Between Onset and Deeth
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE	F):	~ 3/\tt	CIRCUST			
CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):								
SAT	if eny, leading to immediate cause. Enter UNDERLYING								
Ĕ	CAUSE (Disease or Injury thet initiated events	DUE TO (OR AS A	CONSEQUENCE	F):					
	resulting in deeth) LAST								
	PART II. Other significent conditions	contributing to death b	out not resulting	in the underly	ing ceuse given in	Part i. 24a, WAS	AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS
8	dla partaria					PERF	ORMED?	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
<u>ā</u>	the free server					1 YES	2 110		OF DEATH?
Σ									1 Nes 2 No
ž									
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (Ch	eck only one)			
Z S	1 TES 2 NO	1 Inpatient 2 ER/Outp	patient 3 DOA		ome 5 🗆 Residence	6 Other (Specify)			
F	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. TIR		NJURY AT VORK?	26d. OESCRIBE HOV	INJURY OCC	URED	
8≺	1 Netural 5 Pending 2 Accident Investigation			M 1	YES 2 NO				
	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spec		street, factory, of	fice	261. LOCATION (Street, City or Town, Ste		or Rural Ro	oute Number,
COMPLETED	4 Homicide determined					ony or rown, one	.=/		
ا ت	290. CERTIFIER	DAN: To the best of my know	riedge, death occur	red at the time, de	te end place, end due	to the cause(e) and r	venner as state	nd.	
Ž	(Orlock Only	t: On the beels of exemination							end manner ee stated.
8	R96. SIGNATURE AND TITLE OF GERTIFIER	The way were	,		29c. LICENSE NU	MBER	29d. DATE	SIGNED	Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CARRET OF OF	ATH (ITEM AT) (7	Drint)	1017	46)		10	2100
'	(-)					-	330		
	n marine 1000	Con Has	1.000 () (0	Hann	2 Car 8	Laur ?	1552		
	S. OCHETEUR HEED JO	- service de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de	INIUNE						

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF MARYLAN	D / DEPARTMENT	OF HEALTH AND	MENTAL	HYGIENI
	CERTIFICATE	OF DEATH		REG. NO.

	1 - FOR STATE REGISTRAR	TE OF MARYLAND			HEALTH AND I	MENTAL HYGIE REG. N				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			TIME OF DEATH	
	JOHN Franc	is PEY	TON			1 O	09 19	90	12:40 AM	
	4. SOCIAL SECURITY NUMBER 5. SEX			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		6. BIRTHPL	ACE (State or Foreign	
	579-40-6633	^{12□} F 57	YRS.	WONTHS DAYS	HOURS MIN.	(Month, Day, Year)	- 1	Country)		
	9e. FACILITY NAME (If not institution, give street and	37		95 CITY TOWN	OR LOCATION OF DE	07-05-3		Wasn TY OF DEA	ington. I	
œ				BALTI			BALTIMORE CITY			
DIRECTOR	THE JOHNS HOPKINS H	OSPITAL		DALIT	TORE	BALI	TMOKE	CITY		
2	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOC	ATION			10	Dd. INSIDE CITY	
E	MD Anne Ar	Inhau	Nor	cth Be	ach			١.	LIMITS?	
	100. STREET AND NUMBER	under	1101		Of, ZIP CODE		10a CITIZ		AT COUNTRY?	
R	4044 9th street				20714		1		a cookinii	
BY FUNERAL		S DECEDENT EVER IN U.S. A		1				USA		
교	1 Name Marriad 2 Marriad FOR	RCES? 1 X YES 2		If yes,	specify Cuban, Mexico		fee or No—	14. RACE — Black, V	- American Indian, White, etc.	
≿	a Dansamad AV-Volumed	YES, GIVE WAR OR DATES		1 🗀 Y	SXX NO Specify	y:		Specify:	White	
	15. DECEDENT'S EDUCATION	954-61	SECENTIAL I	ISUAL OCCUPA	FION	186, KIND OF E	I I I I I I I I I I I I I I I I I I I	In Tens	WILLCE	
COMPLETED	(Specify only highest grade complete	d)	(Give kind of wo	ork done during in retired.)	nost of working	186. KIND OF E	OSINESS/INDU	JSINT		
2		le (1-4 or 5 +)		She ri		0-1-				
Ž	12	PCF	ucy L)1:C. 11				Joun	ty Gov't.	
8	17. FATHER'S NAME (First, Middle, Last) Morgan Livingsto	on Douten				ME (First, Middle, Meld	,			
BE						lle Clai			en e	
2	19e. INFORMANT'S NAME (Type/Print)	11				Route Number, City or 1				
-	Pat Cote		1777	2nd	Ave. #3	96, Ft.	Ord,	CA	93941	
	20e. METHOD OF DISPOSITION 1 Burlai 2 Cremation 3 Removal from	20b. PLAC	E OF DISPOSE	TION (Name of a	cemetery, cremetory or	20c.	LOCATION — C	ity or Town	, State	
- 1	4 Donation 5 Other (Specify)	yete	erans	Ceme	tery	c	helte	nham	, MD	
	21. SIGNATURE OF FUNDIAL SERVICE LICENSEE	11/1		22. NAME	AND ADDRESS OF FA	CILITY				
	150t/ (1)	1.111		Hard	esty Fun	eral Ho	me, P	. A .	- 1	
	Jan of	my a							ille, MD	
	23. PART I. Enter the disease or compile shock, or heert failure. Liet onlime immediate cause (Finel disease or condition resulting in death)		ne.		•		printerly are	July 1	Approximate Interval Between Onset and Death 7 JLy 3	
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): oue TO (OR AS A CONSEQUENCE OF):									
	PART ii. Other significent conditions contr	ibuting to deeth but no	t resulting in	the underly	Ing ceuse given in	Part I 24n WAS	AN AUTOPSY	24b. W	/ERE AUTOPSY FINDINGS	
BY PHYSICIAN: MEDICAL	1.120 E. 1.		t resulting in	i dio dilacity	g codeo given in		ORMED?	A	WAILABLE PRIOR TO	
ă	1000 1000					1 YES	2 NO		F DEATH?	
₩	fluid fullan	2						1	☐ YES 2 ☐ NO	
ż			_							
8	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DITAL.			PLACE OF DEATH (Ch	neck only one)				
S	I I I I I I I I I I I I I I I I I I I	PITAL: patient 2 - ER/Outpatient	3 DOA	OTHER: 4 - Nursing H	ome 5 🗆 Reeldence	e 🗆 Other (Specify)				
<u> </u>	27. MANUER OF DEATH 28	Be. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c.	NJURY AT WORK?	28d. DESCRIBE HO	W INJURY OCC	URED		
7	1 Netural 5 Pending	(MOTILIT, Day, Tear)	INJU		YES 2 NO				- 1	
	2 Decides	Be. PLACE OF INJURY — At building, etc. (Specify)	treet, factory, of	fice	28f. LOCATION (Stre City or Town, Str	et and Number	or Rural Rou	ite Number,		
	4 Homicide S Could not be determined									
COMPLETED	29a. CERTIFIER	0.		-						
<u>=</u>	(Check only									
ᅙ	2 MEOICAL EXAMINER: On th	a beele of examination and/o	or investigation	n, in my opinior	, death occured at the	time, date end place,	end due to the	e ceuse(e) e	and menner as stated.	
BE	296, SIGNATURE AND TITLE OF CERTIFIER	D M.	^ _	11	29c. LICENSE NU	MBER	29d. DATE	SIGNED (A	Wonth, Day, Year)	
	Muchael G. VMy	JA Medica	I to	ellow	F1817		10	19/9	3	
임	30. NAME AND ADDRESS OF PERSON WHO COMP	LETED CAUSE OF DEATH (IT	TEM 27) (Type,	Print)		21	, , –	7 17 1		
	michael 1 m. no : 1		4		wer 110	BLIF.	MO	11	105	
	31. DATE FILEO (Month, Day, Year)			140	V- 11-	1	7 1 6	91.		
	OCT 1 0 1990 Julia la	REGISTRAND SIGNATURE	•	-						

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DHMH-16 Rev 1/89

TO BE COM	TO BE COMPLETED BY BUYSICIAN: MEDICAL CEDTIFICATION
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
예.	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.
he funeral director, page 5 should be detache	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache
if death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 2.13 after death. Page 6 may be retained by the host

	REGISTRAR CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH										
	GILMORE ISHMUEL PEER October 10, 1990 7:00 P	М									
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) # INDER 1 YEAR # INDER 24 HRS 7. OATS OF RIGHTH 8. RIGHTHDI ACE /State or Formion										
	217-10-3897										
~	9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH										
70	Memorial Hospital Cumberland Allegany RESIDENCE OF DECEMENT										
DIRE	106. STATE NO. VA. 106. COUNTY NINERAL 106. CITY, TOWN OR LOCATION RIDGELEY 106. INSIDE CITY LIMITS?										
BY FUNERAL DIRECTOR	RT. 3 BOX 367 RIDGELEY, W.VA. 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? USA USA										
	11. MARITAL STATUS 1 Never Married 2 Merried 1 Never Married 4 Divorced 1 Never Married 4 Divorced 1 Never Married 5 Never Married 6 Never Married 7 Never Married 8 Never Married 8 Never Married 8 Never Married 9 Never Married 9 Never Married 10 Never Married 10 Never Married 11 Never Married 12 Never Married 12 Never Married 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yee or No If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 Never Married 12 Never Married 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yee or No If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 Never Married 12 Never Married 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yee or No If yes, specify Cuben, Mexican, Puerto Rican, etc.)										
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEOENT'S USUAL OCCUPATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY										
COMPLETED	Elementery/Secondary (0-12) College (1-4 or 5+) RETIRED HEAVY EQUIP. OPER. LOCAL 132 CLARKSBURG W.V	A.									
8 0	17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Meiden Symeme) LARDER O PERR										
BE C	IMILIAN O. I MAN										
10	19a. INFORMANT'S NAME (Type/Print) ROBERT O. PEER (SON) 19b. MAILING APDRESS, (Street and Number or Rural Route Number, City or Town, State, Zip Code) RT. 3 BOX 48 BRANDYWINE W, VA. 26802										
	20s. METHOD OF DISPOSITION 1 A Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SCARPELLI FUNERAL HOME										
_	108 VIRGINIA AVE. CUMBERLAND, MD. 21502 23. PART I Enter the diseases, or complications that course the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest. Approximate	_									
	23. PART In Enter the diseases, or complications that coughd the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, abook, or heart feilure. Liet only one couse Dn each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DGE TO (OR AS A CONSEQUENCE DY):										
CERTIFICATION	Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
	PART ii, Other aignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY ENDIN	GS									
DICAL	Defined Performed? AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	E									
MED	I PES 2 NO										
-											
IA	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)										
Sic	EXAMINER? HOSPITAL: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER:										
/ PHYSICIAN:	27. MANNER OF OEATH 28e. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY AT WORK? M 1 YES 2 NO										
ED BY	Accident Investigation	_									
LEI	29e. CERTIFIER	_									
COMPLETED	CERTIFUNG PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner se stated. CERTIFUNG PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated one) MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated one)	l.									
BE	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day/feat))									
٥,	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TITAL STATE (Type), Print) Dr. Miltenberger 122 S Centre Street Cumberland, MD. 21502										
	31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE										
	OCT 1 5 1990 Suche Saidson-Mandalle										

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	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 Jurs afti	to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by t	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remov	monogram: it ham 20 is marked or them 23 shows any injury or other traumatic event the medica
_	8	0	90	1

		FOR 1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF		MENTAL HYGIE REG. N		90	28833	
		1. DECEDENT'S NAME (First, Middle, Last)	ETT P	FORT	ER	***********	2. DATE OF DEATH	27- 4	EAR	8 35 M	
P		4. SOCIAL SECURITY NUMBER 577-32-0016		(In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	T T	7. DATE OF BIRTH (Month, Day, Year) Feb/17/19		Country)	er MD	
2, 3	DIRECTOR	90. FACILITY NAME (If not institution, give stress MAY /AN	1:	PITAL	9b. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY		COUNTY	
t. Pages 1		10e. STATE 10b. COUNTY	lary's		nardtow				2/2/	INSIDE CITY LIMITS? YES 2 X NO	
nsit permi	A.	100. STREET AND NUMBER Route 2 Box 1300	13			20650		USA	OF WHAT	COUNTRY?	
as the bunal-transit permit. Pages	BY FUNER	11. MARITAL STATUS 1 Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 A NO	If yes,	ECENDENT OF HISPAN specify Cuben, Mexica ES 2 NO Specifi			RACE — A Black, Wh Specify:	merican Indien, ite, etc. White	
for use	PLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		Me. Do NOT u	work done during	most of working		USINESS/INOUS		c Works	
5 should be detached notified at once.	SE COMPL	17. FATHER'S NAME (First, Middle, Lest) John Pforter		litghwa	y marne		ME (First, Middle, Maid		UDIT(2 WOLKS	
e 5 should notified	TO B	19a. INFORMANT'S NAME (Type/Print) Hilda Gileau					Route Number, City or 1 Leonardto				
ector, page		26a. METHOO OF DISPOSITION 1	val from State	other place) letropoli		ematory		ocation — cm iitland			
e funeral dir II. examiner		21. SIGNATURE OF FUNERAL SERVICE LICENSEE Robert E. Wilhelm Funeral Home, Inc. Suitland Maryland 20746									
y filled in ation, or re the mec		23. PART I. Entar the diseases, or conshock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)			not enter the i	node of dying, suc	th as cardiac or res	piratory arres	t, 	Approximate Interval Between Onset and Death	
nd con burial,	NO	Sequentially list conditions,	mo		a cer	1.25	8tica				
ing phy giene p	RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ASD a	A CONSEQUENCE C	nu	njen					
atter mtal	CE	PART II. Other significant conditions	contributing to death	but not resulting	in the undariy	ing cause given in	Part I. 24a, WAS	AN AUTOPSY		RE AUTOPSY FINDINGS	
certificate has been signed by the true State Dept, of Health and Me f, or Item 23 shows any Injury	MEDICAL	200 D	212				1	ORMED?	OF I	ILABLE PRIOR TO IPLETION OF CAUSE DEATH?	
this certificate has b with the State Dept.	CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:		26 OTHER:	PLACE OF DEATH (C/	heck only one)				
certificant the St	PHYSICI	1 🗆 YES 2 🐧 NO 27. MANNER OF DEATH	1 Nopetient 2 ER/Out	26b, TI	4 Diversing H	ome 5 - Residence	8 Other (Specify) 28d. DESCRIBE HOT	V INJURY OCCU	RED		
R: After or death	ED BY P	1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined	(Month, Day, Year) 28e. PLACE OF INJUR building, etc. (Sp.	Y — At home, farm,		WORK? YES 2 NO	281. LOCATION (Stre City or Town, Str	et and Number or	Rural Route	Number,	
3 7 E	MPLET	29e. CERTIFIER (Check only 1 CERTIFYING PHYSIC	AAN: To the best of my kno							d menner as stated.	
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ABULHASAN AWSASU MD

22 REGISTRAR'S SIGNATURE

ABULHASAN

31. DATE FILEO (Month, Day, Year)
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within is	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely file. In by the funeral director, page 5 should be detache	POULS	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO CTE OLED (MONTO ON).

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	FOR 1 - STATE REGISTRAR	STATE OF MARYL			OF HEALTH AND OF DEATH	MENTAL HYGIEN REG. NO	E			00
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY	YEAR 3.	TIME OF DEAT	ЛН
	MARIAN	C. PINKAR				09 30			3:00	Ам
\	4. SOCIAL SECURITY NUMBER		(In yrs. last birti	MONTHS	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8	. BIRTHPLA Country)	CE (State or Fo	reign
)	579-20-0328	1 M 250xF	<u>84 </u>	RS.		2-9-06 Wash.,D.C				
·	9a. FACILITY NAME (If not institution, give str							Y OF DEAT		
DIRECTOR	GLADYS SPELLMAN NU	IRSING CARE	CENTER	CHE	VERLY		PRINCE	E GEO	RGE'S	
E E	10a. STATE 10b. COUNTY		10-	c. CITY, TOWN OF	LOCATION			100	. INSIDE CITY	,
8	Md. Mc	ontgomery		Rockv	ille			1 [LIMITS?	NO
AL	10e. STREET AND NUMBER			1100111	101. ZIP CODE	-	10g. CITIZE	N OF WHAT	COUNTRY?	
FUNERAL	199 Rollins Ave	enile			20852		Ţ	JS:A		
5	11. MARITAL STATUS	12. WAS DECEDENT EVER			AS DECENDENT OF HISPA yes, specify Cuban, Mexico				American India	an,
BY	1 🔀 Never Married 2 🗌 Married 3 🗍 Widowed 4 🗍 Divorced	IF YES, GIVE WAR OR E			YES 2XXNO Specif			Specify:		
	15. DECEDENT'S EDUC	PATION		ENT'S USUAL OC		Law man and			White	
	(Specify only highest grade	completed)	(Give ki	nd of work done do NOT use retired.)	uring most of working	18b. KIND OF BU	SINESS/INDU	STRY		
=	Elementary/Secondary (0-12)	College (1-4 or 5+)	50	amstres		Can	itol T	110	Service	0
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		I SE	allistres		AME (First, Middle, Maiden		110	DET ATC	
	William Pinkard				Unkno	wn				
BE	19a. INFORMANT'S NAME (Type/Print)		19b. M/	AILING ADDRESS	(Street and Number or Rural		rn, State, Zip C	ode)		
2	Margaret F. Hall		20	25 Lanie	er Dr. Silv	er Spring	MA 200	10		
	20a. METHOD OF DISPOSITION 1 ☐ Burial 2 ☐ Cremation 3 ☐ Ramo	wel from State			ne of cemetery, crematory or		CATION - CI		Stata	
	4 Donation 5 Other (Specify)	44	1 11 11 11 11 11	Lee Cre	matory		Clinto	n.Md		
	21. SIGNATURE OF FUNERAL SERVICE LIC	SAMES /		22. N	AME AND ADDRESS OF FA	Lee FU	neral	Home	INC.	
	MALON	ale		C	633 Old Ale	xander Fer. 20735	ry Roa	.d		
	23. PART I. Enter the dieeeses, pr c						Iratory srre	st,	Approxima	
	shock, or heert fellure. I	List only one ceuse on	each line.						Onset and	
	disesse or condition resulting in death)	· Cans	1000	Imon	any a	west				
		DUE TO (OR AS	A CONSEQUEN	NCE OF):	0					
Z	Sequentielly list conditions,	Dene								
Ĕ	If any, leading to immediate	DUE TO (OR AS	A CONSEQUEN		1	-	Λ	,		
2	CAUSE (Disease or Injury	DUE TO (OR AS	A CONSECUEN		oursale	an Sicci	des	7	-	
E	that initiated events resulting in death) LAST	DOE TO (OR AS	A CONSCOUEN	ICE OF):						
CERTIFICATION		1								
A	PART II. Other algnificent condition	a contributing to deeth	but not resu	Iting in the und	derlying cause given in	Part I. 24a. WAS AP			RE AUTOPSY FI	
MEDICAL						1 YES	1	CO	MPLETION OF C	CAUSE
ME									TYES 2	MD
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER	26. PLACE OF DEATH (C	heck only one)				
YSI	1 - YES 2 - 40	1 Inpetiant 2 ER/Out	7	DOA 4 Hurs	ing Home 5 - Rasidenca					
	27. MANNER OF DEATH Natural 5 Pending	(Month, Day, Year)	28	b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DEŞCRIBE HOW	INJURY OCCU	PRED		
B	2 Accident Investigation	20- 51 405 05 11 11 11		M	M 1 VES 2 NO 281, LOCATION (Street and Number or Rural Route					
ED	3 Suicide 6 Could not be 4 Homicide detarmined	28a. PLACE OF INJUR building, atc. (Sp.	ecify)	term, street, tecto	ry, offica	City or Town, State		r Hurel Hout	e Number,	
	29a. CERTIFIER									
COMPLETED	(Check only	CIAN: To the best of my kno							4	
8		R: On the basis of examinati	IVIT BIRLYOF INVES	engenon, in my of						
ш	296. SIGNATURE AND TITLE OF CERTIFIER	D	1111	,	29c. LICENSE NU	IMBER C	29d. DATE	SIGNED (M	onth, Day, Year)	
00	3 1 1 1	77 / 1	70 1-1	-	401111	6 -		/ 3/	190	

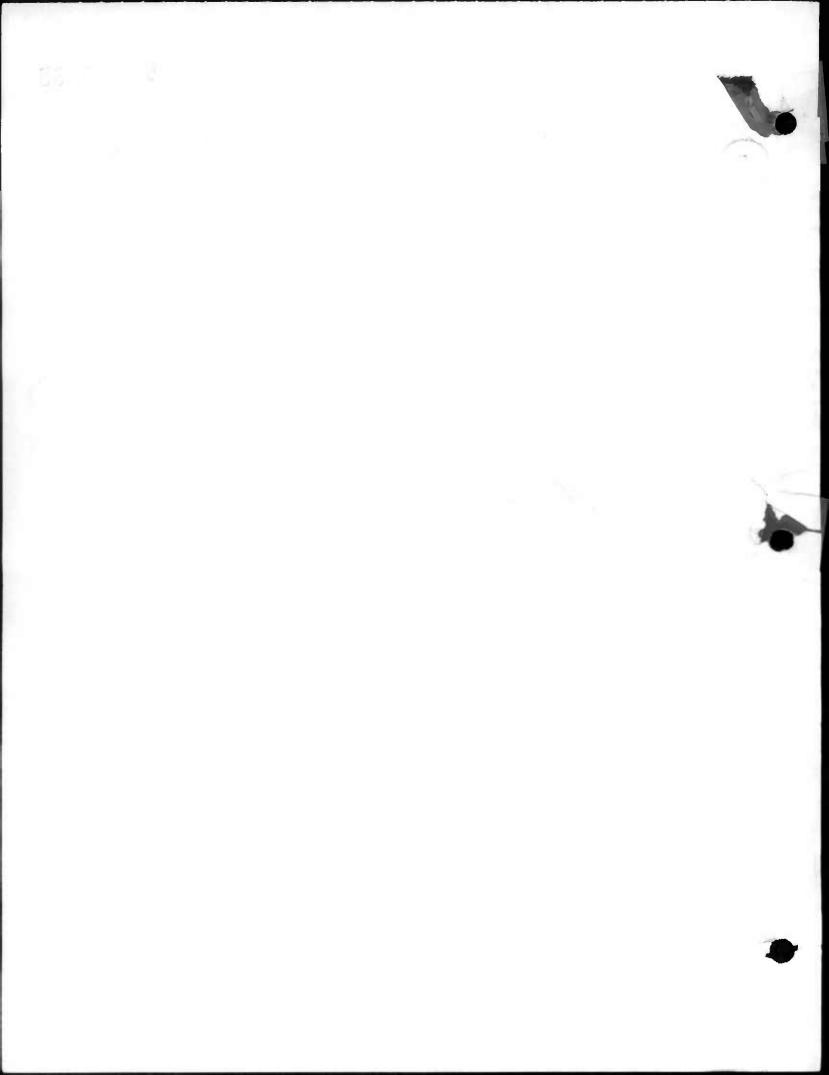
430 Gran held MD

OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MI) 7500 (reen way)

32. BEGISTRAR'S SIGNATURE

orros



31. DATE FILED (Month, Day, Year)

			FOR 1 - STATE REGISTRAR	STATE OF MARYLA		EPARTMEN TIFICAT			MENTAL HYGIEN REG. NO	E	0 20000
7	D		1. DECEDENT'S NAME (First, Middle, Last) THEL 4. SOCIAL SECURITY NUMBER	MA LEE F		CEL	1		2. DATE OF DEATH D. D. S. S. S. S. S. S. S. S. S. S. S. S. S.		YEAR 3. TIME OF DEATH
1			219=28=8933	5. SEX 6. AGE (II	yrs, lest birt	YRS. IF UNDE	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	3	8. BIRTHPLACE (State or Foreign Country) Virginia
phonito		- 8	9a. FACILITY NAME (If not institution, give s					OR LOCATION OF DE	EATH		NTY OF DEATH
0		TOR	Baltimore County	General Hosp	ital	Rai	ndal]	Lstown		Bal	timore
Panec		DIRECT	Maryland Balti		-	c. city, town Reiste					10d. INSIDE CITY LIMITS? 1 ☐ YES 2 🔀 NO
n. Specif permit		IERAL	100. STREET AND NUMBER 526 Berrymans Lar	16			10f	21136			IZEN OF WHAT COUNTRY?
ZUS-5140 If attending physician.		BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13.	If yes, sp		NIC ORIGIN? (Specify Yai in, Puarto Rican, atc.) y:	or No-	14. RACE — American Indian, Black, White, stc. Specify: WHITE
A Para		PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give k	DENT'S USUAL (kind of work done NOT use retired.)		at of working	166. KIND OF BU		DUSTRY
3 8	76	E COMPLET	17. FATHER'S NAME (First, Middle, Last)	lliam Lee Gw	altne				ME (First, Middle, Maiden Alice	Surnama)	sbrook
be retained on 5 should	=	TO B	19a. INFORMANT'S NAME (Type/Print) Gary Knights						Route Number, City or Tow estminster		
	must be		20s. METHOD OF DISPOSITION 1 Method 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State 20b.	other place)	Druid 1	Ridge	e Cemeter	ry Pil	cesvi	City or Town, State
death. P	xamin		21. SIGNATURE OF FUNERAL SERVICE LIC	Mir Stin	aal	6 22	. NAME AP	ND ADDRESS OF FA	Eckhard Owings	t Fur Mills	neral Chapel s, Md. 21117
urs af	or remo		23. PART I. Enter the diseases, preshock, prhead failure. IMMEDIATE CAUSE (Final	List Dnly Dna Cause on ea	ch Ilna.					_	Interval Between Onset and Death
ted within	il, cremation, event, the		disease or condition resulting in death)	a. DUE TO (OR AS A	UD (ARD NCE OF):	130	L IN	FARCTI	ON	
executed within	ial.	NOI	Sequentially list conditions,	b. DUE TO (OR AS A	CONSEQUE	0/068 INCE OF):	-1/	c SH	tock		
certificate be	giene prior t other trau	RTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	cDUE TO (OR AS A	CONSEQUE	NCE OF):					
T the sta	f a	CERTI	reaulting in death) LAST	d							
equires that the	of Health and	MEDICAL	PART II. Other significant condition	e contributing to death b	ut not resu	ulting in the u	inderlyln	g cauae givan in	Part I. 24s. WAS AF PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO
- e -	Dept 73	IAN	25. WAS CASE REFERRED TO MEDICAL				26. PI	LACE OF DEATH (C)	heck anly one)		
SICIAN: The la	he State or item	rsici	EXAMINER?	HOSPITAL:	atient 3 🗆	DOA 4 1 No		ne 5 🗆 Residence	6 Other (Specify)		
5 \frac{1}{2}	rked vit	ву РНУ	27. MANNER OF DEATH Netural 5 Pending Investigation	26a. DATE OF INJURY (Month, Day, Year)	2	6b. TIME OF INJURY M	WC	JURY AT ORK? YES 2 NO	26d. DEŞCRIBE HOW	INJURY OC	CCURED
3 = 3	after d	豆	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, atc. (Spec	— At home,	, farm, street, fa	ctory, offic		26t, LOCATION (Street City or Town, State		er or Rural Route Number,
8 8	2 =	COMPLE	one)	ICIAN: To the beat of my knowl ER: On the basis of examination							ated.
THE HOSPITAL	filed within	BE CC	296. SIGNATURE AND TITLE OF GENTIFIE	-/-				29c. LICENSE NU			TE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 32. BEGISTRAR'S SIGNATURE
Julia Davidson-Randoll

D 2-7/

27 m 1 m 1

	•		-
BALTIMORE, MARYLAND 21203-3146	after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should	
MORE, MARYLAN	age 6 may be retained by the h	director, page 5 should be deta	on, or removal.
BALTII	Product after death. P.	filled in by the funeral	on, or removal.

TO BE COMPLETED BY FUNERAL DIRECTOR

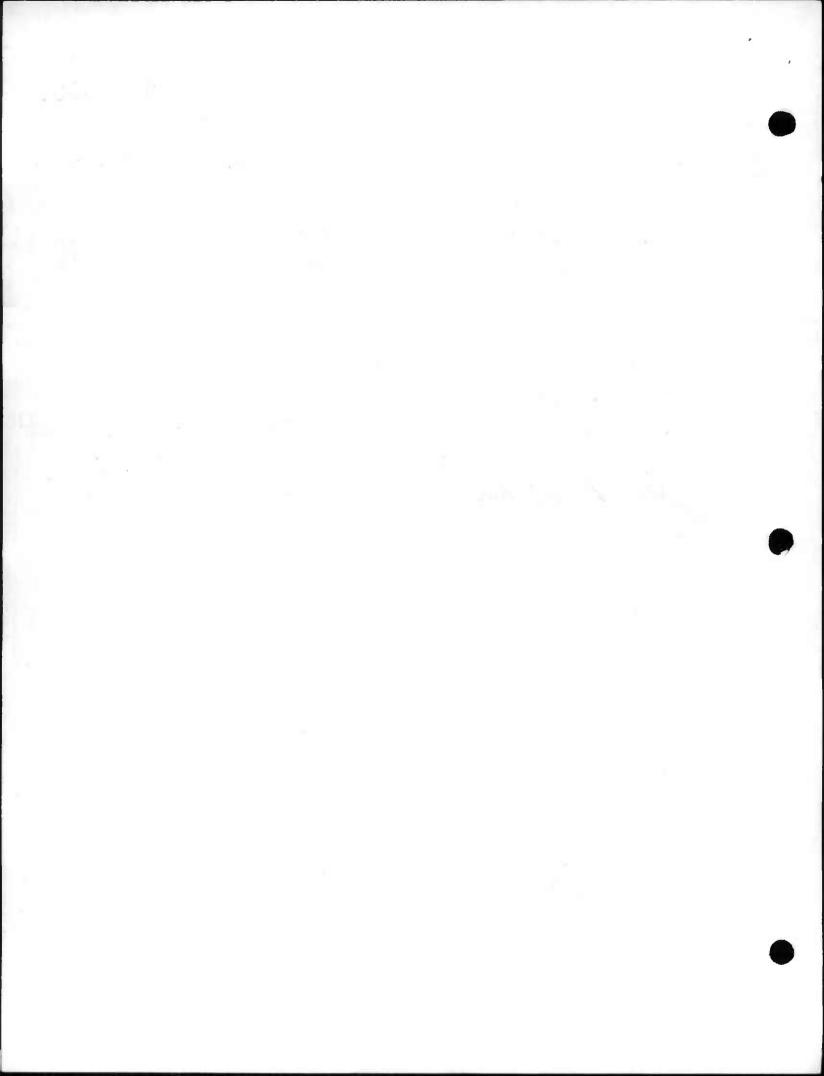
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a second safer death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR 1 - STATE REGISTRAR	STATE OF MARYL				HEALTH AND F DEATH	MENT	AL HYGIEN	E 9	0	28837
1. DECEDENT'S NAME (First, Middle, Last)			-				E OF DEATH			IME OF DEATH
Dona:	ld ^{A.}		Paynt	er		1 (0-5-90	W YE	AR	12:09PM M
4. SOCIAL SECURITY NUMBER	. SEX 6. AGE	(in yrs. last	- "	UNDER 1 YEA		7. DATI	E OF BIRTH	8.	BIRTHPLA	CE (State or Foreign
220-72-5554	M 2 □ F	20	YRS.	ITHS. DAY	B HOURS MIN.	Ap	or.2,19	70	Balt	o. Co. Md.
9a. FACILITY NAME (If not institution, give street	t and number)		96.	CITY, TOW	N OR LOCATION OF	DEATH		9c. COUNTY	OF DEATH	
Baltimore County (General Hos	pita			Randallst	own		Balti		County
Md. Bal	timore		10c. CITY, TO		Mills				100	. INSIDE CITY LIMITS? YES 2 📉 NO
10e. STREET AND NUMBER					10f. ZIP CODE			10g. CITIZEN		COUNTRY?
16 Byway Road					21117			U	ISA	
11. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 7 N	MED O	If yes,	Specify Cuban, Mex (ES 2 X NO Spe	Ican, Puarto		or No.— 14.	Black, Wi Specify: Whi	
15. DECEDENT'S EOUCA		18a. DE0	CEDENT'S USU	AL OCCUP	ATION	10	8b. KIND OF BUS	SINESS/INDUST		
(Specify only highest grade co	mpleted) College (1-4 or 5 +)	life.	ve kind of work Do NOT use ret	oone during ired.)	most of working					
High School		De	penden	t						
17. FATHER'S NAME (First, Middle, Last)							t, Middle, Maiden			
Thomas H. Pay	nter				Lu	ici11	e B. Ar	neson		
19a. INFORMANT'S NAME (Type/Print)		196			et and Number or Ru					
Mr. Thomas H. Pay	nter		16 Byw	ay R	oad Owin	ngs M	ills, M	1d. 211	.17	
20a. METHOD OF DISPOSITION 1	ni from State	other pie	ica)		cometery, cremetory of			cation — city ampstea		
21. SIGNATURE OF FUNERAL SERVICE LICEN				22. NAMI	AND ADDRESS OF	FACILITY	1182	24 Reis	sters	town Rd.
Ham B	2 line			E14:	ne Funera	al Ho	me Reis	stersto	own,	Md. 21136
Sequentielly liet conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	OUE TO (OR AS DUE TO (OR AS	A CONSEC	DUENCE OF):	J						
PART II. Other significant conditions	contributing to death	but not r	eaulting in t	he underl	ying cause given	in Part i.	24a. WAS AN PERFOI	AMED?	CO OF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? TYPES 2 \(\text{NO} \) NO
25 MBC CACE DEFENDED TO MEDICAL				-	DI ACE OF DEATH	(Cheek eek				
	HOSPITAL:			THER:	PLACE OF DEATH					
1 yes 2 No	☐ inpatient 2 □XIMI/Out	tpatient 3	28b. TIME O		INJURY AT		ther (Specify) DESCRIBE HOW I	IN HIEV OCCUP	en.	
1 Natural 5 Pending 2 Accident Investigation	10-5-90		MULM	M 1	WORK?	SUE	BJECT US	SED NAI	RCOT:	
3 Suicide SXX Could not be 4 Homicide	28e. PLACE OF INJUR building, atc. (Spe HOME	Y — At ho	me, farm, atre	et, factory,	office	OW I	OCATION (Street Lity or Town, State)	and Number of BYI	ARYL.	Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI 2 MEDICAL EXAMINER:	_									d manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIAN	ethall	_			29c. LICENSE				10-7-	onth, Day, Year) -90
30. NAME AND ADDRESS OF PERSON WHO MARGARITA A. KORE		EATH (ITE	M 27) (Type, Pri		Penn Str	eet,B	Baltimo	re,MD:	2 120 2	
31. DATE FILEO (Month, Day, Year)	32. REGISTIAR'S SIG	MATURE QLH d Aen	n_Rande	82						



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within arribours after death. Page 6 may be relained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filed within 72 hours after death with the State Dept, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
that the death certif	ed by the attending in and Mental Hygien	any injury, or oth
1: The law requires	cate has been sign State Dept. of Heal	item 23 shows
NDING PHYSICIAN	R: After this certifing the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer of the Samuel Transfer o	is marked, or
HOSPITAL OR ATTE	FUNERAL DIRECTOR within 72 hours after	TANT: If item 28
10 THE	TO THE be filed	IMPOR

31. DATE FILED (Month,

11 90

	1 - STATE OF MARYLAND / CE		IENT OF H				IE	90	28838					
1	1. DECEDENT'S NAME (First, Middle, Last) Ruth Maria PLANK	RIFIC	AIE OF	DEAT	_	2. DATE OF OEATH MONTH COtober	MY	YEAR 1990	3. TIME OF OEATH					
	4. SOCIAL SECURITY NUMBER 214-46-5311 9. FACILITY NAME (If not institution, give street end number) 8. AGE (In yrs. last 1	YRS. MO	UNDER 1 YEAR OTHS DAYS CITY, TOWN O		MIN.	7. DATE OF BIRTH (Month, Day, Ybar) Sept. 6,	PLACE (State or Foreign y) nsylvania EATH							
TOR	Holiday Drive		Smi	thsbu	rg		Wa	shin	gton					
DIRECTOR	Maryland Washington		own on Locat Lithsbu	rg			10d. INSIDE CITY LIMITS? 1 YES 2 NO							
FUNERAL	Box 349, Holiday Drive		10f	2178	3		10g. CIT		/HAT COUNTRY?					
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 X N IF YES, GIVE WAR OR DATES			ecify Cuban,		C ORIGIN? (Specify Yo , Puerlo Rican, etc.)	Black Speci							
BE COMPLETED	15. OECEOENT'S EDUCATION (Specify only highest grade completed) Elemantery/Secondary (0-12) College (1-4 or 5 +) 8 0		White											
	8 0 housewife 17. FATHER'S NAME (First, Middle, Last) James Peters 18. MOTHER'S NAME (First, Middle, Meiden Surnema) Emma													
10						oute Number, City or To Agerstown			d 21740					
	20e. METHOD OF DISPOSITION 1 XBurlei 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) Rest Haven Cemetery 20e. LOCATION - City or Town, State 1 Company Company 20e. LOCATION - City or Town, State 20e. Hagerstown, Marylan													
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ACCRESS OF FACILITY MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 217														
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the de shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. UE TO (OR AS A CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO CONSECTION OF TO	re	enter the mo	of dyln	g, such	as cardiac or res	olratory a	rrest,	Approximata interval Between Onset and Death					
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	t i		C	^	C. C.	5	_	Py.					
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not n	eaulting in t	ha underlying	g cause gi	iven in F		RMED	246	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:													
	27. MANNER OF OEATH 28e. DATE OF INJURY (Month, Day, Year)	A							e 6 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED					
TED BY	2 Accident investigation 28e. PLACE OF INJURY — At home, farm street factory office 28f LOCATION /Street and Number or Rural Bould								Route Number,					
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, de medical examiner: On the basis of examination endors								e) and manner ea stated.					
TO BE C	ADDITION AND TITLE OF CERTIFEED	n)	29c. LICEN	SE NUM	\$36	29d. DA	TE SIGNED	(Mgnth, Day, Year)					

323 U

32/REGISTRANDO OFFINATURE
Julia Davidson-Rando 102

OHMH-16 Rev 1/89

OCT 10 '90

90 28839

1 - STATE REGISTRAR	STATE OF M					ALTH AND DEATH	MENTA	REG. NO.	E 3	U	20033		
1. DECEOENT'S NAME (First, Middle, Last)							440417	OF DEATH		3. 1	IME OF DEATH		
Davi	d	lynn Peters			ters	10-5-90 DA			Y YE	^n 6	:55PM M		
4, SOCIAL SECURITY NUMBER		6. AGE (In yrs. les	st birthday)	IF UNDER		F UNDER 24 HRS.	(Mon	7. DATE OF BIRTH 8. BIRTHPLACE (State Country)					
232-76-7934	1 🔀 M 2 🗌 F	41	YRS.					ly 27,	1949	Virginia			
	FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEAT						EATH						
Washington Count	y Ceneral	- Hospit	al	agers	town	Washington County							
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT						N	10d. INSIDE CITY						
Maryland Was	hington								LIMITS?				
10e. STREET AND NUMBER		10f. ZIP COOE							10g. CITIZEN OF WHAT COUNTRY?				
Route 5, Box 380	-13	21740						USA					
11. MARITAL STATUS	VT EVER IN U.S. ARMEO 13. WAS DECENDENT OF HISPANIC ORIG							American Indian,					
1 Never Married 2 Married	XYES 2 1	NO			fy Cuban, Maxic NO Spec		erto Rican, etc.) Black, White, etc. Specify:						
3 Widowed 4 Divorced									whit	e			
15. OECEDENT'S EOU (Specify only highest grade	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)						b. KIND OF BUS	SINESS/INDUST	RY				
Elementary/Secondary (0-12)) Iffe			ction				nknown					
	0		COII	SLIU			****						
17. FATHER'S NAME (First, Middle, Last) Paul Sidney Pete	rs				1	8. MOTHER'S N		 Middle, Maiden Devor 					
Paul Sidney Peters 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Nurm)										dal			
Bennett-Widener	Funeral H					ork, W				10)			
						ery, cremetory or				or Town	State		
20a. METHOD OF DISPOSITION 1- Burlel 2 Cremetion 3 Rem	oval from State	other pi	l lawn	Мет	orial	Park		20c. LOCATION — City or Town, State R111etze11. W. Va					
	4 Donation 5 Other (Specify) Woodlawn Memorial Park BlueWell, W. Va.												
MA QLY	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MINNICH FUNERAL HOME 415 East Wilson Blvd., Hagerstown, MD 2												
ahock, or heart fallure. IMMEDIATE CAUSE (Final	disease or condition Multiple injuries												
Sequentially list conditions, If any, leading to immediata													
cause. Enter UNDERLYING CAUSE (Disease or Injury thet Initieted events resulting in death) LAST	CAUSE (Disease or Injury thet Initiated events OUE TO (OR AS A CONSEQUENCE OF):												
PART II. Other significant condition	d. PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS												
		PERFORMED? 1\times\text{TES} 2 \sqrt{NO} NO OF DEAT						ULABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? ACTION OF DEATH (Check only one)													
1 XX ES 2 □ NO	HOSPITAL: 1 Inpatient 2 XXX/Outpatient 3 DOA 4 Nursing Home 5 Realdence 8 O							Other (Specify)					
27. MANNER OF DEATH	28a. DATE OF (Month, Di	INJURY ay, Year)	28b. TIN	JURY	28c, INJUR	28c, INJURY AT 28d. D			28d. DEŞCRIBE HOW INJURY OCCURED				
1 Netural 5 Pending Investigation	10-5-9	90	6:0)5PM	1 TYE	s XX NO		river in motorcycle/dump tr					
3 Suicide 8 Could not be 4 Homicide detarmined	Accident Investigation Salicide Salicide Could not be 28e, PLACE OF INJURY — At home, ferm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, LMPAC												
	ER: On the best of												
SIGNATURE AND TITLE OF CERTIFIE	460,00				:	29c. LICENSE N	UMBER	me, date and place, and due to the cause(a) and menner as stated. 29d. DATE SIGNEO (Month, Day, Year) 10-7-90					
ANDVADDRESS OF PERSON W	10 COMPLETED CAUS	SE OF OEATH (ITI	EM 27) (Type	e, Print)		OCI-III			1 1	, ,			
Confidence of the control of the second		ACC. CA			Penn	Street	.Bal	timore	MD 21	201			
MARGARITA A. KORELL, MD 111 Penn Street, Baltimore, MD 21201 31. GATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE													

DHMH-18 Rev 1/89

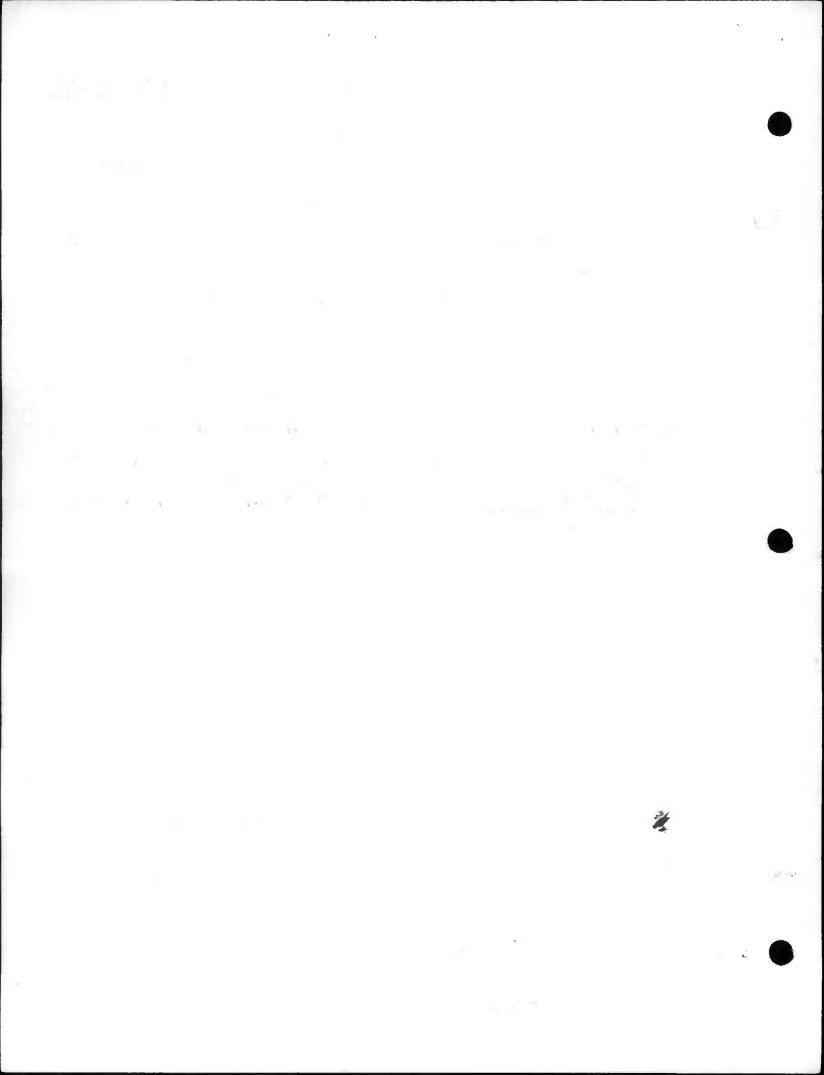
FOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,		BALTIMORE, N	BALTIMORE, MARYLAND 21203-314
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending to	se executed within 2	surs after death. Page 6 may be	retained by the hospital or attending p
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the t	an and completely fille	d in by the funeral director, page 5	5 should be detached for use as the t
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	r to burial, cremation,	or removal.	
IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	numatic event, the	medical examiner must be n	notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

90 28840

1 - STATE REGISTRAR		CERTIFIC	ATE O	F DEATH		REG. NO.		U	20040			
1. DECEDENT'S NAME (First, Middle, Last) Barbar	ca A.	Pe	2. DATE MONTH	of DEATH -5-90	NY .	YEAR	3. TIME OF DEATH 4:04AM M					
4. SOCIAL SECURITY NUMBER 213 82 2170	1 M 2 K F	AGE (In yrs. last birthday) 29 YRS. MONTHS DAYS HOURS MIN.			(Month	(Month, Day, Year) 4/14/61			s. BIRTHPLACE (State or Foreign Country) Maryland			
Route 113, S. of	TTY NAME (If not institution, give street and number) 1te 113, S. of Newark 9b. CITY, TOWN OR LOCATION OF DEATH Worceste											
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LO	CATION				1	10d, INSIDE CITY LIMITS?			
	rcester	Sn	ow Hi					1 YES 2 NO				
100. STREET AND NUMBER 4808 Pennewe				101. ZIP CODE 21863		U			HAT COUNTRY?			
11, MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 X NO	2 XNO If yes, specify Cuban, Mexican, Puarto Rican, atc.) Black S 1 ☐ YES 2 X NO Specify: Specify:						,—American Indien, , white, etc. y: White			
15. DECEDENT'S EDUC (Specify only highest grade of		16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done during									
Elamentery/Secondary (0-12)	12 College (1-4 or 5+) Home					maker Own Home						
17. FATNER'S NAME (First, Middle, Lest) Charles Bell				Middle, Malden Cyden	Sumame)							
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	et and Number or Rural		n, State, Zic	Code)						
Milton H. A. Pen	newell		ell Rd., S				nd 21863					
20a. METNOD OF DISPOSITION 1 Grant Buriel 2 K Cremation 3 Grant 4 Donalion 5 Other (Specify)	oval from State	20b. PLACE OF DISPOSITION (Name of cometer), cremetory or other place) Salisbury Crematory Salisbury, Ma										
21. SIGNATURE OF FUNEBAL SERVICE LICI	CILITY L HOIT	ne Snow I			21863							
shock, pr heart failued immediate cause. Enter UNDERLYING CAUSE (Disease pr injury that initiated events					Interval Between Onset end Death							
	aulting in death) LAST d. ART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS											
		PERFORMED? AM CO YES 2 NO OF						AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XX YES 2 NO				
25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATN (Check only one)												
1 XXES 2 □ NO	EXAMINER? HOSPITAL: OTHER:											
27. MANNER OF DEATH 1 Netural 5 Pending 25 Accident Investigation	286. DATE OF INJURY (Month, Dey, Year) 10-5-90 286. TIME OF INJURY AT WORK? 11 - YES 2 - NO Driver in jeep/tra											
3 Suicide 8 Could not be 4 Homicide detarmined	289. PLACE OF INJURY — At home, farm, street, factory, office 280. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, LIMPAC City or Town. Stete)											
	29a. CERTIFIER (Check only 1 CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.											
29b. SIGNATURE AND TITLE OF CONTIFIER	Mhul			29c. LICENSE NU	MBER			0-6-	(Month, Day, Year) 90			
30. NAME AND ADDRESS OF PERSON WN MARGARITA A. KOR		DEATN (ITEM 27) (Type, F		Penn Stre	eet,E	Baltim	ore,M	D 21	201			
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	MATURE BANGE										



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MPORTANT: If

31. DATE FILED (Month, Day, Year)

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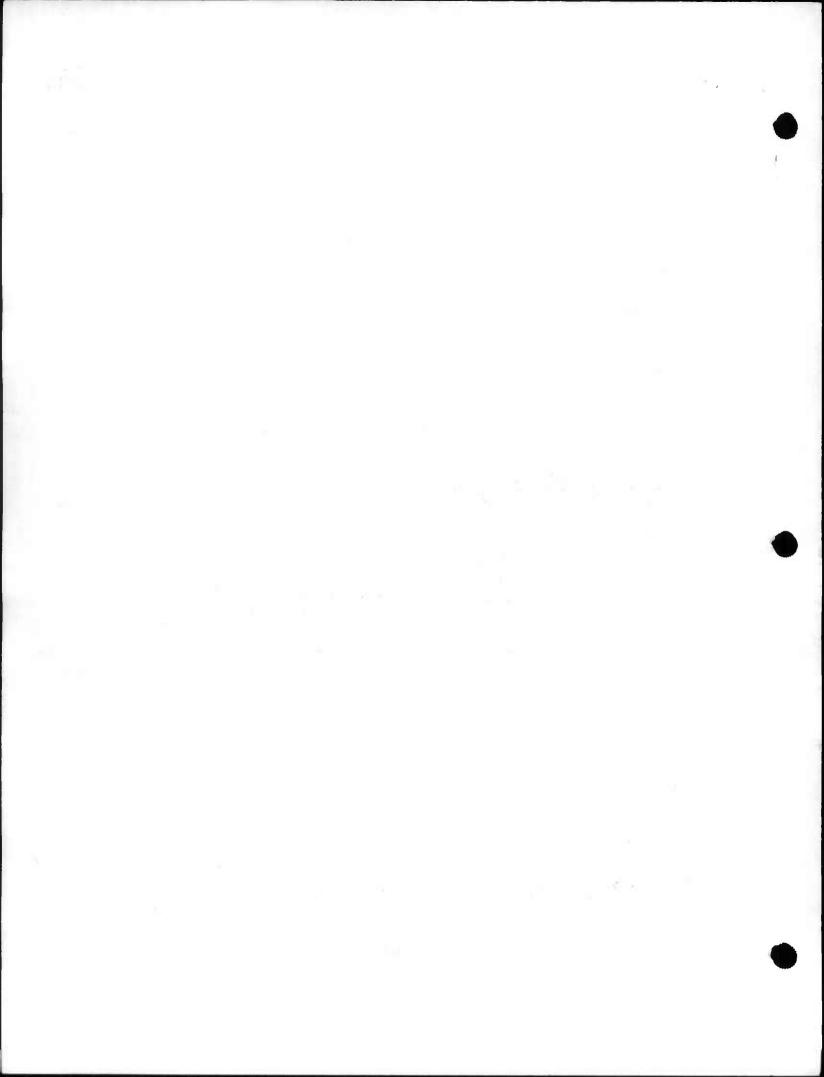
32. REGISTRAR'S SIGNATURE

who Davidson-Rendelle

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attending physician and completely filled in by the funeral director, page 5 should be removal. ŏ prior to burlal, cremation, executed within HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be e FUNERAL DIRECTOR: After this certificate has been signed by the attending physician within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to FUNERAL within 72 h 五五百

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 28,1990 SEPT. 2:45P.Mw VIRGINIA L. QUEEN 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. APRIL 8, 1 - M 2XXF 68 YRS MARYLAND 219-16-1781 1922 9a. FACILITY NAME (If not institution, give street and number, 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR PRINCE GEORGES CLINTON, MD SOTHERN MD HOSPITAL RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY 10d. INSIDE CITY VIRGINIA PRINCE WILLIAM 1 TES 2XX NO MANASSAS 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10s. STREET AND NUMBER 101, ZIP CODE 7555 ALLEGHANY ROAD 22111 UNITED STATES WAS OCCENDENT OF HISPANIC ORIGIN? (Specify Yes or Noif yes, specify Cuben, Maxican, Puarto Rican, atc.)
 T YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: BLACK BY 3 Widowed 4XXDivorced COMPLETED 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) SUPPLY CONTROLLER GOVERNMENT 12TH NONE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname, JOHN H. GRAY MARY E. WASHINGTON BE 19a. INFORMANT'S NAME (Type/Print) 18b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 7555 ALLEGHANY ROAD, MANASSAS, VA 22111 GREGORY O. BATES 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State METHOD OF DISPOSITION Burial 2 Cremation 3 Removal from State GLYMONT, MARYLAND ST. CHARLES CEMETERY 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SURVICE HOUSE 22. NAME AND ADDRESS OF FACILITY routled JOHNSON THORNTON'S FUNERAL HOME, POMONKEY, LYDIA C. THORNTON MARYLAND 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximata shock, or heart failure. List only one cause on each ilne. interval Between Onset and Death **IMMEDIATE CAUSE (Final** disease or condition reauiting in death) CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST 24b. WERE AUTOPSY FINDINGS PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY MEDICAL PERFORMEO? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | NO OF DEATH? 1 TYES 2 T NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) **EXAMINER?** OTHER: 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other /Specify 27. MANNER OF OEATH 28a. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. OESCRIBE HOW INJURY OCCURED 28b. TIME OF 1 Natural 5 Pending 1 YES 2 NO B 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide 29a. CERTIFIER 1 📆 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and piece, and due to the causa(s) and manner as stated CHATURE AND TITE OF CERTIFIER BE la 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for u	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

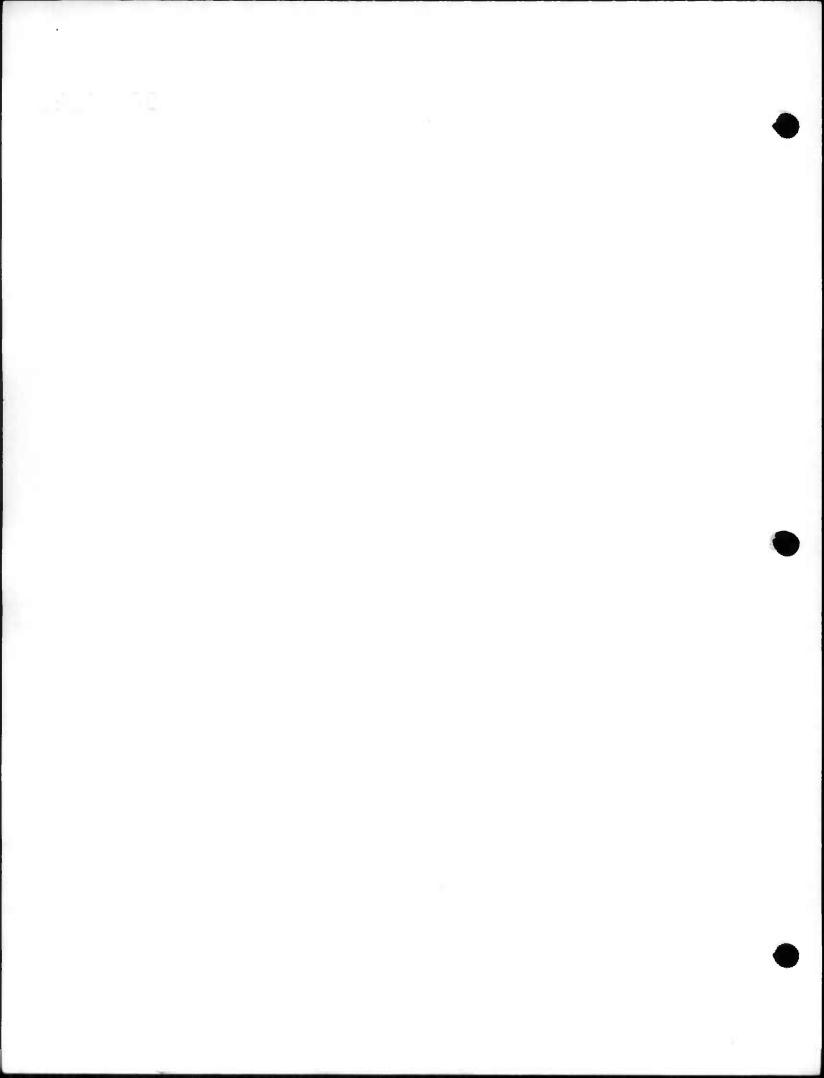
	FOR 1 _ STATE	STATE OF 1	WARYLAND /	DEPAF	TMENT	r OF H	EALTH	AND #	MENTA	L HYGIEN	E	qn	28842	2	
	1 - STATE REGISTRAR						DEAT			REG. NO.		70	20046	-	
	1. DECEDENT'S NAME (First, Middle, Last)								***	OF DEATH	NY.	YEAR 3	. TIME OF DEATH		
	BEULAH B. RE	:D							SEP	. 29,	1990		2:43 A M	er.	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. less	birthday)	IF UNDER		IF UNDER		7. DATE	OF BIRTH		6. BIRTHPL	ACE (State or Foreign		
	577-01-3464	1 🗌 M 2 🙀 F	84	YRS.	MONTHS	DAYS	HOURS	MIN.		15, 19	906		LAND		
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY	, TOWN C	R LOCATIO	ON OF DE			9c. COUNTY OF DEATH				
8	8305 FLOWER AVENU	F			$\Gamma_{\Delta KC}$	MA I	ΔDK			MONTGOMERY					
DIRECTOR	RESIDENCE OF DECEDENT														
H	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION					0d. INSIDE CITY LIMITS?			
	MARYLAND MONTG	OMERY		TAI	COMA		_				1	YES 2 NO			
₹	10a. STREET AND NUMBER	101	. ZIP CODE				10g. CITIZ	ZEN OF WH	AT COUNTRY?						
FUNERAL	8305 FLOWER AVENU		20912							SA					
5	11. MARITAL STATUS	MED IO								14. RACE Black, V	- American Indian, White, atc.				
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	1 YES 2 NO Specify:								Specify:					
	A	**							WHITE						
Ë	15. DECEDENT'S EDUC (Specify only highest grade	ive kind of work done during most of working						. KIND OF BUS	SINESS/IND	USTRY					
ا ۳	Elementary/Secondary (0-12) College (1-4 or 5 +) ilife. Do NOT use retired.)														
COMPLETED	10 LIBRARIAN FEDERAL GOVERNME									RNMEN	T	_			
	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)														
BE	JOHN BRUMBAUGH EMMA GORDON													_	
2	19a. INFORMANT'S NAME (Types/Print) 19b. MAILING AGORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) ALTON I., BEARD (SON) 6739 CATHEDRAL AVENUE LANHAM, MARYLAND 20706														
	ALTON L. BEARD 20a, METHOD OF DISPOSITION	(SON)	-						LAN				20706	_	
	20s. METHOD OF DISPOSITION X Buriel 2 Cremetory Cremetory Cremetory														
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	- IPARKLA	AMN (ID ADDRE	SS OF FA	CILITY	TROC.	XV TTT	E. MA	RYLAND	_	
1		GNATURE OF FUNERAL SERVICE USERSEE 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HO!								OME,	INC.				
	1)aver C	uord											MD. 20901		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate											n			
	shock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Finel Onset and Dasth														
	disease or condition		sair a	tou	6 (eh	res	27						h	
		DUE TO	OR AS A CONSE	OUENCE C	1		0	1	1	-1	0				
Z	Sequentielly list conditions, Discrete to consequence of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the cond												_		
CERTIFICATION	If any, leading to immediate														
2	CAUSE (Disease or Injury										-				
E	oue to (or as a consequence of): that initiated events resulting in death) LAST														
與		d											 		
	PART II. Other algnificent condition	contributing to	deeth but not r	resulting	In the u	nderiyin	g cause	given in	Part I.	24a. WAS AN			VERE AUTOPSY FINDINGS	5	
2	PERFORMED? A										WAILABLE PRIOR TO COMPLETION DF CAUSE				
	1 YES 2 DKNO									OF CEATH?					
≥													G 100 0 G 100		
₹	25. WAS CASE REFERRED TO MEDICAL					26. PI	LACE OF D	EATH (Ch	eck only o	ne)				_	
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpetlent 3	DOA	OTHE		5 N.B	esidence	6 □ Oth	er (Specify)					
PHYSICIAN: MEDICAL	27. MANNER OF OEATH	1 Injettent 2 ER/Outpetlant 3 DOA 4 Nursing Home 5 Sacationes 6 Other (Specify) 26e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY								NJURY OC	CUREO		_		
	1 Natural 5 Pending 2 Accident Investigation	Netural 5 Pending (Month, Day, Year) INJ						M 1 YES 2 NO							
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28s. PLACE	OF INJURY - Al ho	ome, farm,	street, fac	ctory, offic	ica 28f. LOCATION (Street and Number or Rural Route Number,							_	
ш	4 Homicida detarmined	bullding	j, atc. (Specify)						City	or Town, State)				
Ä	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best (of my knowledge, de	with occur	red at the	lime, date	and place	and due	to the ca	use(s) and ma	nner se stat	led.			
COMPLET	one)												and manner as stated.		
	29b. SIGNATURE AND TITUE OF CERTIFIE							ENSE NU					Month, Day, Year)		
H	10000	00	m				0	5 9	116		DAI	CONED (1 90		
2	30 NAME AND ADDRESS OF PERSON WH	O COMPLETED CA	HOE OF DEATH OFF	1 0 T	- Outura)		0	711	70			0 7	-/0		

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

CHARLES E FILED (Month, Day, OCT 04 FERNWOOD ROAD #303 BETHESDA. 20817 10215 MARYLAND 32. REGISTRAR'S SIGNATURE
Julia Davidson Randelle 90

OSPITAL OR ATTENDING PHYSICIAN: The law requires that "UNERAL DIRECTOR: After this certificate has been signed b within 72 hours after death with the State Dept. of Health at NAT. If New 28 is marked or New 33 shows any	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after de TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fill be filled within 72 hours after death with the State Dept. of Health and Mental Hyghene prior to burial, cremation, or removal. **MENDATEM*** If them 28 is marked or film 23 shows any injury or other transmitte event: the medical as	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should have within 72 hours after death with the State Dect. of Health and Mental Hydiene prior to burfal, cremation, or removal.	MEMORY HISTORY IN Item 28 is marked or flam 23 shows any injury or other traumatic event, the medical examiner must be notified
TO THE P		TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the filed within 72 hours after death with the State Deut, of Health an	LIMPORTANT: If Item 28 is marked or Item 23 shows any

	1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF E		ENTAL HYGIENE REG. NO.	90	28843
	1. DECEDENT'S NAME (First, Middle, Last)		A	2	, DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH
	BONNIE	MARIE	RUSS	ELL S	SEPT. 30,		11:59 P.M
	4	. SEX 8. AGE (In yrs. les	MONTHS DAYS	HOURS MIN.	Month, Day, Year)	6. BIRTHI Country	PLACE (State or Foreign
1)	410 70 7470	□ M 2 X F 37	YAS.		AY 2, 1953		HINGTON, DC
1	Sa. FACILITY NAME (If not institution, give street			OR LOCATION OF DEAT		COUNTY OF DE	
16	GREATER LAUREL-BEL	TSVILLE HOSPIT	TAL LAUR	.EL		PRINCE	GEORGES
DIRECTO	16m. STATE 10b. COUNTY		10c. CITY, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
		MONTGOMERY	SILVER				1 TES 2 NO
AAL	100. STREET AND NUMBER	277	10	. ZIP CODE			HAT COUNTRY?
FUNERAL	1605 GRIDLEY LA	NE. 2. WAS DECEDENT EVER IN U.S. AF	DMED 42 WAS DEC	2090	ORIGIN? (Specify Yes or N	USA	- American Indian,
	1 Never Married 2 Married	FORCES? 1 YES 2	NO If yes, sp	ecify Cuban, Mexican, F 2 NO Specify:		Black Specifi	, White, etc.
B	3 Widowed 4 Divorced	THEO, ON E THAT ON DATES	10,12	2 Light specify.		Spacin	WHITE
ED	15. DECEDENT'S EDUCATI (Specify only highest grade con	mpleted) (G	ECEDENT'S USUAL OCCUPATI Give kind of work done during me	ON est of working	16b. KIND OF BUSINES	S/INDUSTRY	
빌	Elementary/Secondary (0-12)	College (1-4 or 5+)	e. Do NOT use retired.)				
COMPLET	17. FATHER'S NAME (First, Middle, Last)		NONE	10 MOTHER'S NAME	(First, Middle, Malden Surna	amal	
E C	JAMES E. RUSSEL	Л.		LOUISE		ULLINS	1
0	19a. INFORMANT'S NAME (Type/Print)		9b. MAILING ADDRESS (Street				
2	JAMES E. RUSSELL	(FATHER) 1	1605 GRIDLEY	LANE, SILV	VER SPRING,	MARYLA	AND 20902
5	20e. METHOD OF DISPOSITION 1 1 Burlai 2 Cremation 3 Remova	I from State Other D.	OF DISPOSITION (Name of ce place)		20c. LOCATIO	ON — City or To	wn, Stata
	4 Donation 5 Other (Specify)	SACRE	ED HEART CEME			00D, MA	ARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICEN:	SEE / / /		NO ADDRESS OF FACIL IS J. COLI	LINS FUNERA	L HOME.	INC.
CYC.	570001	Yodaly			BLVD.,W.,		
	23. PART i. Enter the diseases, or con shock, or heert failure. Lis	nplications that caused the de it only one cause on each line		de of dying, such e	es cardiac or respirato	ry arrest,	Approximate interval Between
2	IMMEDIATE CAUSE (Final disease or condition	0 7 014	A == 15/4 1/2 2/20	0:0			Onset end Death
1	resulting in death) e	DUE TO (OR AS A CONSE	ATUNY M	111/051			4ynn
		DOE TO JOH AS A CONSE	EUGENCE OF J.				i
9	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSE	EQUENCE OF):				
S	cause, Enter UNDERLYING CAUSE (Disease or injury						
	that initiated events	DUE TO (OR AS A CONSE	EQUENCE OF):				
CERTIFICATION	d.						
A C	PART II. Other significant conditions of	contributing to death but not	resulting in the underlying	g cause given in Pa	ert i. 24s. WAS AN AUTO PERFORMED		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	TUBLEMOUS	SCUENIOS	15		1 TYES 2 1		COMPLETION OF CAUSE DF DEATH?
WE	SURVING	MISONINI	315		_		1 YES 2 NO
Z			`				
PHYSICIAN: MEDIC.		IOSFITAL:	OTHER:	LACE OF DEATH (Check	make the con-		
S∠	1 VES 2 NO 1	□ Inpatient 2 □ ER/Outpatient :		JURY AT 2	Other (Specify) 8d. DESCRIBE HOW INJUR	TY OCCUBED	
	1 Natural 5 Pending	(Month, Day, Year)	INJURY W	ORK?	od. DEGOTABL HOW MOOF	II OOGONED	
BY BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY — At h			BI. LOCATION (Street and N	lumber or Rural F	Route Number,
	4 Homicide determined	building, etc. (Specify)			City or Town, State)		
	29a. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of my knowledge, d	death occurred at the time, dat	and place, and due to	the cause(a) and manner	as stated.	
COMPLETED	one)	On the basis of examination and/or	r investigation, in my opinion,	death occured at the tim	ne, data and place, and du	a to the cause(a	i) and manner as stated.
ΕШ	29b. SIGNATURE AND TITLE OF CERTIFIER	2000	1 200000	29c. LICENSE NUMBI	ER 296	d. DATE SIGNED	(Month, Day, Year)
10 B	11444	Much	WIM		•	0-	1-40
F	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEATH (ITI		no na	WE LAN	MEZ.)	MOS DE LOS
1	31. DATE FILED (Month, Day, Year)	32. REGISTRAB'S SIGNATURE					



BALTIMORE, MARYLAND 21203-3146

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	THE HOSPITAL OR ATTENDING PRYSICIAN: The law requires that the death certificate be executed within 2 mounts) THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in b	and within the house above doubt with the Chate Dane of Hooth and Mantel Humison prior to humai premation of re-
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. 1		FOR STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Las	STATE OF MARYLA	AND / DEPART CERTIFI	MENT OF H	EALTH AND N	REG. NO		28844
		WARRE	N. D. REE	SE			MONTH	4 90	
P		4. SOCIAL SECURITY NUMBER 168-09-5281	1X M 2 □ F	In yrs. last birthday) 73 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 9 (Month, Day, 1947) 7		HRTHPLACE (Stete or Foreign Pennsylvania
2, 3, hou	CŤÓR	SHADY GROVE RESIDENCE OF DECEDENT	ADV. HOSPITAL		POCK VI	LLE MD	ATH)	Mont	gomery
t. Pages 1,	DIREC	100. STATE 100. COUNTY	Montgomery		town or Locat ithersb				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
physician. burial-transit permit.	FUNERAL	100. STREET AND NUMBER 104 Duval	ll Lane		1.00	ZIP CODE		109. CITIZEN USA	OF WHAT COUNTRY?
the the	B≺	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 XNO	If yes, sp	ecity Cuban, Mexican 2 NO Specify:			RACE — American Indian, Black, White, etc. Specify: White
for use as	LETED	16. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12) 1 -8 t h .		18e. DECEDENT'S I (Give kind of w life. Do NOT use Coal W	ork done during mo retired.)	ON st of working	Coal Mi	D.O.	RY
by the hospit be detached at once.	COMPL	17. FATNER'S NAME (First, Middle, Linet) Edwin Rees		COAL W	OTREI		ME (First, Middle, Maide) MCGough		
e retained t e 5 should notified	TO BE	190. INFORMANT'S NAME (Type/Print) Don Reese					Coute Number, City or Too		(e)
e 6 may be rector, page must be		20s. METHOD OF DISPOSITION 1 & Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	emoval from Stata	other place of dispose LToyd	Cemeter	metery, cremetory or		ocation – city Densbur	
rs after death. Page 6 m. n by the funeral director, removal.	 	21. SIGNATURE OF FORMAL SERVICE	LIONNSEE .				Funeral ., Silver		g, Md. 20904
file tion,		23. PART 1. Enter the diseases, of heert fellur immediate CAUSE (Final disease or condition resulting in death)	e. List only one ceuse on e	ech line.	PNEUR	de of dying, auct		piratory srrest,	Approximate interval Between Onset and Death
th certificate be execu- ending physician and I Hygiene prior to bur or other traumatic	CERTIFICATION	Sequantially list conditions, if sny, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	CONSEQUENCE OF					
w requires that been signed by it, of Health an shows any	: MEDICAL	Diobete	structure P nale Mellitus	ut not resulting i	2, (1	can	PERFO	DRMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN: The last certificate has the State Dep. 1, or item 23	PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outs	patient 3 DDA	OTHER:	LACE OF DEATN (Che			
DING PHYSICIA After this certil death with the s marked, or	ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIMI	URY WO	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED
OR ATTENDING DIRECTOR: After hours after death tem 28 is mai	ETED	3 Suicide 8 Could not in determined		7 — At home, farm, s city)	treet, factory, offic	20	26f. LOCATION (Stree City or Town, Stat		Bural Route Number,
보 나 아 =	COMPL	(Orack Drilly	YSICIAN: To the best of my know INER: On the basis of examination						suse(e) and manner as stated.
TO THE HOSPIT TO THE FUNERA DE filed within 7 IMPORTANT; I	TO BE (200 SIGNATURE AND TITLE OF CHITTE	bolls 1	40		D 2 G	s40	29d. DATE SI	ONED (Month, Day, Year) -5-90
0		30, HOSPIE AND ADDRESS OF PERSON ST. DATE FILED (MUNIC), Day, Year)	Oenbevoer 32. REGISTRAA'S SIGN	162	20	Tedenie	u Ro.	Gait	Rendung MD
		OCT 09 '90	Julia Nou	ide But	.00				DNMN-18 Ray 1//

DNMN-18 Ray 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-ruurs after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach and a completely filled in by the funeral director, page 5 should be detach as the complete of the funeral directors.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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R	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the first active after death with the Strae Door or Health and Mental Honlene prior to build, cremation or removal	ie.	
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1. DECEDENT'S NAME (First							_				
RAJ	t, Middle, Last) ENDRA	S. RA	TAW				1	DATE OF DEATH DA	, 199	YEAR	9:20 A M
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. le:		IF UNDER 1 YEA			DATE OF BIRTH		8. BIRTNPI	ACE (State or Foreign
218-96-0370	0	1 M 2 - F	71	YRS.	MONTHS DAY	rs HOURS N	IN.	OCT. 18,	1918	Country)	ILA.(H.P.)
		street and number)	,		9b. CITY. TOV	VN OR LOCATION	OF DEAT			TY OF DEA	
41									100,000		
406 BLANDFORD ST. #5 ROCKVILLE									MOM	TGOM	RY
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION										- 13	Od. INSIDE CITY
MD.	10.66	ONTGOMERY	-		DOGIZI	TTT T E					LIMITS?
10e. STREET AND NUMBER	1	ONIGOMENI			ROCKV	10f. ZIP CODE					YES 2 NO
		"-							10g. CI112	CEN OF WH	AT COUNTRY?
	LANDFO		>			2085				INDLA	1
11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AI	RMED	13. WAS	DECENDENT OF N	ISPANIC	ORIGIN? (Specify Yas Puerto Rican, atc.)	or No-	14. RACE - Black.	- American Indien, White, etc.
1 Never Merried 2 2 3 Widowed 4 Div	-	IF YES, GIVE W				YES 2 NO		auto moun, and,	- 1	Specify:	
3 Widowed 4 Div	orced				1						ASIAN
	CEDENT'S EDU		16e, DI	ECEDENT'S U	JSUAL OCCUP	PATION g most of working		16b. KIND OF BUS	INESS/INDI	USTRY	
Elementery/Secondary (College (1-4 or 5	106	. Do NOT use	retired.)	y most or working					
		3		OFF	ICER			SECUI	RITY		
17. FATNER'B NAME (First, I	Middle, Last)					18. MOTNER	'S NAME	(First, Middle, Malden	Sumame)	-	
S. S.		RAWAT						JNKNOWN	-,		
19e. INFORMANT'S NAME ((Tone/Dri-1)	TRIMET	T 44	L MAH MIC	ADDRESS CO	not and them to			n Chat- T	Cada	
		A ITD	19				4.0	ite Number, City or Town	n, State, Zip	C000)	
DEEPAK	RAW	AT'				IS ITEM	11 -				
20e. METHOD OF DISPOSI 1 ☐ Buriel 2 ☐ Cremati	TION Ion 3 🗆 Rem	noval from State	other p	lece)	territoria de la compansa de la compansa de la compansa de la compansa de la compansa de la compansa de la comp	of cemetery, cremato	y or	1 22	CATION —		
4 Donation 6 Othe	r (Specify)		_	CHAMB	ERS C	REMATOR	Y	RIN	/ERDA	LE, N	D.
21. BIGNATURE OF FUNER	AL SERVICE LI	CENSEE	-		22. NAM	E AND ADDRESS	OF FACIL	JTY			
10/0	40	lanle	All	00091	7.7	17 017434	DEED C		TOTO A		
23. PART i. Enter the o	1 6							CO., RIV			D. 20/3/
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PLACE OF DEA Home Resid INJUINTY AT VER 2 10 Office data and place, as on, death occured 29c. LICENS	IN (Checomo 6)	art I. 24a. WAS AN PERFOR 1 YES 2 Other (Specify) Ref. LOCATION (Street City or Town, State) the cause(s) and maime, data and place, are	NJURY OCC	24b.) CURED or Rural Ro	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO uite Number, and manner ee stated.

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

HEGISTHAN				CLI	111111	MIE	T DEF	1111	MEC	i. NO.		
1. DECEDENT'S NAME (First		AM DO							2. DATE OF OE.	DAY	YEAR	3. TIME OF DEATH 4:30 A. M
WALTER 4. SOCIAL SECURITY NUMBER	WILLI		BERTS							er 14 :		
234-06-215°		5. SEX 1 🙀 M 2 🗆 F	8. AGE (III	ı yra. lest bi		ONTHE DAY		ER 24 HRS.	7. DATE OF BIR (Month, Day, 1	bar)	Countr	PLACE (State or Foreign y) Uirginia
9a. FACILITY NAME (# not in		street and number)			-	Bb. CITY, TOY	WI OR LOCA	TION OF O			UNTY OF D	
Frederick 1	Memori		tal				erick				reder	
RESIDENCE OF DEC	CEDENT											N II OPEN
Maryland	Frede					deric						10d. INSIDE CITY LIMITS? VES 2 NO
10e. STREET AND NUMBER		·					101. ZIP CO	DE		10g. C	ITIZEN OF Y	VHAT COUNTRY?
580 Hollow	berry	Way					217				.S.A.	
11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDED FDRCES?	YES	2 X NO		If yes	, specify Cui	ben, Mexica	NIC ORIGIN? (Spec an, Puerto Rican, e		Black	E — American Indian, k, White, etc.
3 Widowed 4 Divo	orced	IF YES, GIVE	NAR DR DA	TES		1 '	YES 2 N	0 Specif	y:		Spec	White
	ECENT'S EDU ly highest grade			(Give	kind of wo	SUAL OCCUI	PATION g most of wor	king	16b. KIND	OF BUSINESS/I	NOUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 2yrs.	+)	Sale	o NOT use	,			El	ectric	Moto	r Company
17. FATHER'S NAME (First, A	fiddle, Last)	2713.		Jare			16. MC	THER'S NA	AME (First, Middle,			
Allen	Munson	Rober	ts					Grace	e Virg	inia	Dods	on
19a. INFORMANT'S NAME (Type/Print)								Route Number, City			
Allen M.		ts		25	51 C	hestn	ut Gr	ove F	Rd. Shar	psburg	, Mar	yland 21782
20a, METHOD OF DISPOSIT 1 Strial 2 Crematic 4 Donation 5 Other	on S 🗆 Ram	noval from State		other place)	TION (Name o		-1-5	1	Comple		nor, Md.
21. SIGNATURE OF FUNERA		CENSEE	- 156	more	s Ma	nor Co	E AND ADDR		ICILITY	Sample	S Mai	iot, Ma.
Douglas		//	olo. I	9 41						606 Boo	onsbo	ro Pike arvland
23. PART I. Enter the d	lleannin or	complications th	COURS	the deat	b Dans							Approximata
	naart fallure. nal	a. Due To	use on es	ich ilna.								Interval Between Onset and Death
l cooking in double,										-		
Sequantially list condi-	tions,	b. DUE TO	(OR AS A	CONSEQU	ENCE DF):					_		
If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju-	ING	G.										
that initiated events resulting in death) LAS		DUE TO	OR AS A	CONSEQU	ENCE OF)							
resulting in death, Exc		d,										-
PART II. Other signific	ant conditio	ns contributing to	death be	ut not rea	ulting in	the under	lying caus	given in	Part I. 24s.	MAS AN AUTOPS PERFORMED?	Y 248	. WERE AUTOPSY FINDINGS
610		17000	004	36	8	na.	محمد ں ح	40 mg		YES 2 NO		COMPLETION OF CAUSE OF DEATH?
										7		1 TYES 2 NO
25. WAS CASE REFERRED ' EXAMINER? 1 YES 2 NO	TO MEDICAL	HOSPITAL:	□ co +0	etlant of		OTHER:			heck only one)			
27. MANNER OF DEATH		26a, DATE O			28b. TIME		Home 5 L	residence	6 Other (Spec	**	OCCUPED	
	Pending Investigation		Day, Year)		INJU	RY	WORK?	□ NO	280, OESCHIBE	HOW INJURY	оссонео	
	Could not be determined	28e. PLACE building	OF INJURY I, etc. (Spec	— At hom	e, ferm, st	reet, factory,	office		28f. LOCATION City or Town	(Street and Num 1, State)	ber or Rural	Route Number,
CHOCK DINY	ITIFYING PHYS	SICIAN: To the best	of my knowl	ledge, deat	h occurred	at the time,	date and pla	ice, and du	e to the cause(s) :	nd manner as	stated.	
	DICAL EXAMIN	IER: On the basis of	examination	and/or Im	vestigation	, in my opini	on, death oc	cured at th	e time, data and p	lace, and due to	the cause(e) and manner as stated.
296. SIGNATURE AND TITL	E OF CERTIFIE	26	22,624					ICENSE NU		29d. C		(Month, Day, Year)
30. NAME AND ADDRESS O	OF PERSON W			ATH (ITEM					26			4/90
	8003	c 61	50		w	5 :	FC- 2 = 2	C 4,	50	Free	1200	1 Har 2110
31. DATE FILED (Month, Day		32 FEGISTI	DE AUS	ATURE A	ndese							
OCI TO	475.7	0										

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within — nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2 to be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

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6,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely for	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crematio	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, th
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	8	DIRE	hours	Item
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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH ROSE 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 10 3 TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH MONTGOMER DIRECTOR MESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? Rockville Maryland Montgomery 1XXYES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 20852 USA 6121 Montrose Road 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indien, Black, White, etc. FORCES? 1 YES 2 If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Married Specify: White BY 3 K Widowed 4 Divorced 18e. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade col (Give kind of work done life. Do NOT use retired.) at of working COMPLET College (1-4 or 5+) Elementary/Secondary (0-12) 12 Homemaker Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surneme) Jack Moskowitz Yettie Schwartz BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 18944 Argosy Drive Boca Raton, FL Mrs. Evelyn Appelbaum 20e. METHOD OF DISPOSITION
1 🖾 Burlel 2 🗆 Cremation 3 🗆 Removal from State
4 🗆 Donetion 8 🗀 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Mt. Lebanon Queens, New York 22. NAME AND ADDRESS OF FACILITY Joseph Gawler's Sons, Inc. 20016 5130 Wisconsin Ave., NW Washington, 23. PART I. Enter the disasses, or complication That ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or haart failure. List only one cause on each lins. Interval Between Onset and Dseth **IMMEDIATE CAUSE (Finel** disesee or condition reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediata cause. Enter UNDERLYING **CAUSE** (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 24s, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 Nursing Home 5 Residence 8 Other (Specify) 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investigation 1 YE\$ 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide COMPLETED 6 Could not be 4 Homicide 29e. CERTIFIER 1 DESTRIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner ee stated. 299 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year) BE 2 COMPLETED CAUSE OF DEATH (ITEM 27) 31. DATE FILED (Month) 32. REGISTRAR'S SIGNATURE '90 Julia Davidson 0

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

28847

DHMH-16 Ray 1/89

REG. NO.

3/11/11/25

FOR

6 n		- STATE REGISTRAR	OINIE OI II		CERTIF	ICATE (OF DEATH	REG. N	0.	7/2	
}		1. DECEDENT'S NAME (First, Middle, Last) GERTRUDE			Rews	SCH		2. DATE OF DEATH	9/20/1 8	YEAR 90	3. TIME OF DEATH 1:2
3		4. SOCIAL SECURITY NUMBER	5. SEX		In yrs. lest birthday)	IF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year)		6. BIRTH Countr	
)	100-36-7331 90. FACILITY NAME (If not institution, give a	1 M 2 F	9	YRS.	9b. CITY. TO	WN OR LOCATION OF DE	DEC. 11,	1895 oc. coun		EW YORK
1.2.	CTOR	KENSINGTON GAR		SING	HOME		SINGTON				GOMERY
- Age answering.	DIREC	100. STATE 10b. COUNT	Y ASSAU		10c. CIT	POINT	LOOKOUT				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
physician. burial-transit permit.	FUNERAL	100. STREET AND NUMBER 138 HEWLETT A					101. ZIP CODE 11569		10g. CITIZ	U.S	vhat country?
the hospital or attending physician detached for use as the burial-trar once.	BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES	2 X NO	If ye	DECENDENT OF HISPAT a, specify Cuben, Mexica YES 2 NO Specify	n, Puerto Ricen, etc.)	es or No-	14. RACE Bleck Speci	- American Indian, t, White, etc. th: WHITE
al or attend for use as	ETED	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondary (0-12)	JCATION completed) College (1-4 or 5 +		18e. DECEDENT'S (Give kind of a life. Do NOT us	work done durin	PATION g most of working	16b. KIND OF B	USINESS/IND	USTRY	
the hospital detached fo	COMPL	9 17. FATHER'S NAME (First, Middle, Last)	Contage (14 of 5	<i>'</i>	HOME	MAKER	40 MOTHED'S NA	ME (First, Middle, Maid		OME	
3 8 €	BE CC	WILLIAM	SHILLIT	0			111111111111111111111111111111111111111	LINE		ERMA	N
2 0 5	2	190. INFORMANT'S NAME (Type/Print) CAROL CREE			196. MAILING		DEN ST., K				05
ter death. Page 6 may be the funeral director, page voal.		20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Ren	roval trom State	20b	o. PLACE OF DISPOS	SITION (Name o	of cemetery, crematory or	20c. (OCATION —	City or To	wn, State
direct direct		4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		HOLY		EMETERY RE AND ADDRESS OF FA		WESTBU	JRY,	N.Y.
iours after death. Pag d in by the funeral di or removal. medical examiner		· MAC	kambu	ell	_M00091	w.	W. CHAMBER	S CO. RI	VERDAI	E_M	D. 20737
the death certificate be executed within 24 tree attending physician and completely filled Mental Hygiene prior to burial, cremation, Injury, or other traumatic event, the	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO	OR AS A	CONSEQUENCE O		n man	scler	ven	> C	end
- 55 -	O	PART II. Other significant condition	na contributing to	daath b	out not reaulting	in the under	lying cause given in	PERF	AN AUTOPSY ORMED?	241	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
	: MEDICAL							1 _ YES	2 MO		OF DEATH? 1 YES 2 NO
N: T	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Out	patient 3 DOA	OTHER	R6. PLACE OF DEATH (C)				
NG PHYSICIA ifter this certification with the marked, or	у РНУ	27. MANNER O DEATH 1 Natural 5 Pending Investigation	28e. DATE OF (Month, D	INJURY Day, Year)	28b. TIM	IE OF 28- JURY M 1	c. INJURY AT WORK?	28d. DEŞCRIBE HOV	V INJURY OC	CURED	
TTEND TOR: A after d	TED BY	2 Accident 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE (building,	OF INJURY etc. (Spec	/ — At home, farm, cify)	street, factory,	office	28f. LOCATION (Stre City or Town, Sta	et and Number te)	or Flural	Route Number,
작 기 시 등	COMPLE	one)					, date end place, end due				e) end menner ee stated.
TO THE HOSPITAL TO THE FUNERAL DE filed within 72 IMPORTANT: If	BE CO	296. SAN TUBE AND THE OF CENTIFIE		0 A	Ala		29c. LICENSE NU		29d. DAL		(Month, Gry, Year)
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BALTIMORE, MARYLAND 21203-3146	spital c	hed for
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F VITAL RECORDS, P.O. BOX 13146,	YSICIAN: The law requires that the death certificate be executed within	s certificate has been signed by the attending physician and completely
IN OF VITAL RECORDS, P.O. BOX 13146,	ING PHYSICIAN: The law requires that the death certificate be executed within	After this certificate has been signed by the attending physician and completely
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2000 and the foath. Page 6 may be retained by the hospital or attending physician.	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 3, 2,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2medurs after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - REGISTRAR		CE	RTIFIC	ATE OF	DEATH	1	RI	EG. NO.					
	1. OECEOENT'S NAME (First, Middle, Last)						T	2. DATE OF D	EATH DA		WEAR	3. TIME C	OF DEATH	
		Paul Edw	ard Rei	chard	t			Septem			YEAR	70.	40 a	М
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last		F UNDER 1 YEAR	IF UNDER 24	HRS.	7. DATE OF B	IRTH	20,3	8. BIRTI	HPLACE (Sta		gn
	579 03 4596	tXXM 2 □ F	72		ONTHS DAYS	HOURS	MIN.	(Month, Des		010	Count			
	9a. FACILITY NAME (If not institution, give s	treat and number)	14		b. CITY, TOWN	OR LOCATION	OF DE	April	20,1		Pen:		anıa	
003					o. Citi, IOWN	ON ECCATION	OF DE	ein.		96. COL	MII OF L	/EATH		
5	9634 Weathere	d Oak Cou	rt			Beth	esd	a			Mont	gome	rv	
FUNERAL DIRECTOR	10a. STATE 10b. COUNT	Υ		10c. CITY.	TOWN OR LOCA	TION		-				10d, INSI	DE CITY	
₫	M 3							_				LIMIT	TS?	
		Montgomer	У		Title	Bet	hes	da					3 2 N	0
₹	10e. STREET AND NUMBER				1	of, ZIP CODE				10g. CI1	IZEN OF	WHAT COUR	NTRY7	
	9634 Wea	thered Oal	k Court			2	081	7		Uni	ted	State	es	
5	11. MARITAL STATUS	12. WAS DECEDENT I						IC ORIGIN? (Sp n, Puerto Rican		or No-	14. RAC	E — Americ	can Indian.	
	1 Never Married 2 Married	IF YES, GIVE WAR				S 2 X NO			, 610.)		Spec			
BY	3 Widowed 4 Divorced											Whit	te	
COMPLETED	15, DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DE	CEDENT'S US	SUAL OCCUPAT	ION		18b. KIN	D OF BUS	INESS/IN	DUSTRY			
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)			k done during n retired.)									
립	_	4	Chai	.rman	of the	Board	ì	Was	hing	ton	Gas			
8	17. FATHER'S NAME (First, Middle, Last)					18. MOTHE	R'S NAI	ME (First, Middle					,	
0	Louis Reicha	ırdt				Pau	ilet	te Be	ir					
H	19a. INFORMANT'S NAME (Type/Print)		101	MAILING A	DDRESS (Street					n State 7	in Corie)			_
2	Dorothy Reichardt				eather							~1 ~ ~	<i>a</i> 20	017
							_	ourc, E					a 20	8T /
- 1	20a. METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 Rem	loval from State	other pla	OF DISPOSIT	HON (Name of c	emetery, cremat	tory or		20c. LO	CATION -	- City or T	own, State		
- 1	4 Donation 5 Other (Specify)		Montg	omery	Crema				Ве	thes	da.	Mary!	land	
- 1	21. SIGNATURE OF UNERAL SERVICE LI	CENSEE	1		Robe	AND ADDRESS	Pilmi	nhrev nhrev	Fune	ral	Home	/		
	> /). C	TK	of t MO	A22E	Beth	esda-C	hev	phrey y chas da, Ma	e, I	nc.	7557	Wisc	consi	in
	23. PART i. Entar the diseases, or	annella dia salah at			Aven	ie Bet	nes	da, Ma	ryıa	na 2	0814		proximat	_
- 1	shock, Dr haart fallura.	List only Dna Caus	e on aach lina	, DO NO	. enter the n	oue or uying	g, auci	i as cardiac	Or reaps	ratory a	iivat,	Inte	arval Bet	wean
	IMMEDIATE CAUSE (Finel	(1.	11										set and I	
- 1	disease or condition resulting in death)	· 61/	0 0 19	357	oma							9	Mois	HIS
- 1		OUE TO (C	OR AS A CONSE	DUENCE OF):										
z		b												
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate	OUE TO (C	OR AS A CONSE	DUENCE OF):										
8	cause, Enter UNDERLYING CAUSE (Disease or injury	C.												
Ĕ.	that initiated events	DUE TO (C	OR AS A CONSE	DUENCE OF):										
F	reaulting in death) LAST	d.												
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Ä								_				1 YES	8 2 NO	0
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PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL				26.	PLACE OF DE	ATH (Ch	eck only one)						
를 l	EXAMINER?	HOSPITAL:	SD (O. do ad land)		OTHER:									
× 1	27. MANNER OF DEATH	1 Inpetient 2 I		28b. TIME	OF Loss #	NJURY AT	idence	28d. OESCRI		AL ILLINY O	COUREA			
표	1XXNatural 5 Pending	(Month, Day	(, Year)	INJU	RY V	VORK?		280. OESCHI	BE HOW I	NJURY O	CCUHEO			
BY	2 Accident Investigation					YES 2	NO							
	3 Suicide 8 Could not be		INJURY — At he tc. (Specify)	ome, farm, ati	eet, factory, of	lica		281. LOCATIO	N (Street : wn, State)	and Numb	er or Rura	Route Numi	ber,	
E	4 Homicide determined													
COMPLETED	29a. CERTIFIER (Check only	SICIAN: To the beat of r	ny knowledge, de	ath occurred	at the time, de	rte and place, a	and due	to the cause(a) and me	nner as si	ated.			
Ž	one) 2 MEDICAL EXAMIN	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s										(a) and mer	nner aa str	ted.
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BE	29b. SIGNATURE AND TITLE OF CENTIES		1	7		29c. LICEN	NSE NUI	MISEH				EO (Month, D		
5	Muckael 6	mmer	/ /		•	DO:	5120)		S	epte	mber	26,1	.990
-	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE	E OF DEATH (ITE	M 27) (Type, I	Print)									
	Michael Emmer	M.D. 6316	Democr	acy B	ouleva	d Bet	hes	da, Ma	ryla	nd 2	0817			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	'S SIGNATURE									10.0		
	SED 27 '90	Julia Dav	idson-Roc	della										

BALTIMORE, MARYLAND 21203-3146

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CIAN	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be i	YS
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zamours after death. Page 6 may be	23	X	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

REGISTRAR		CE	ERTIF	ICATE	OF D	DEATH	F	REG. NO.				
1. DECEDENT'S NAME (First, Middle, Las	1)						2. DATE OF	DEATH			3. TIME OF C	DEATH
VIRGINIA RONSAVI	LLE						Sept	. 21	, 199	O O	0	20 AV.
4. SOCIAL SECURITY NUMBER	6. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1 Y	YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH			LACE (State	or Foreign
220-44-2757	1 □ M 2 💢 F	86	YRS.	MONTHS E	DAYS F	HOURS MIN.	Sept.	14,	1904	Country)		
9a. FACILITY NAME (If not institution, giv	e street and number)			96. CITY, T	OWN OR	LOCATION OF OE	ATH		9c. COUN	TY OF DE	ATH	
CARRIAGE HILL-BI RESIDENCE OF DECEDENT 10e. STATE 10b. COUI MD MON	CARRIAGE HILL-BETHESDA					DA			MONTO	NTGOMERY		
10a. STATE 10b. COUL		10c. CIT	Y, TOWN OR	LOCATIO	N					10d. INSIDE	CITY	
MD Mon	tgomery		K	ensing	gton						LIMITS?	
10e. STREET AND NUMBER						ZIP CODE			10g. CITIZ		AT COUNTR	
3942 Washington						0895				U.S.		
11. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced	TEVER IN U.S. AR YES 2001 AR OR DATES	YES 2 NO 13. WAS If you not not not not not not not not not not			NOENT OF HISPAN Ify Cuban, Mexican NO Specify	n, Puerto Rica		or No	14. RACE - Black, Specify	American White, atc.		
15. DECEDENT'S E		16a. OE	CEDENT'S	USUAL OCC	UPATION	7-2	16b. KII	ND OF BUS	INESS/INDU	STRY		
(Specify only highest gri Elementary/Secondary (0-12)	College (1-4 or 5 +	(G life.	ive kind of a Do NOT us	work done dur se retired.)	ring most	of working						
Entrollian y Good ordery (G-12)	7		ucato	or			nc	Publ.	ic Sc	hoo1	c	
17. FATHER'S NAME (First, Middle, Last)		20			1.	18. MOTHER'S NAI	_			1001	5	
William Howell	Rone avrilla	2								T.T	- 1-	
19a, INFORMANT'S NAME (Type/Print)	MOIISAYLLIE					Mary Ra					gh	
New York Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of t						1 Number or Rural F						
William S. Rons	aville					lace,NW	Washi					
20a. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Re	amoval from State	20b. PLACE other pl		SITION (Name	e of cemel	tery, crematory or		20c. LO	CATION — C	ity or Tow	rn, State	
4 Donation 5 Dother (Specify)		Rock	Cree	ek Cen	nete	ry		Wasl	hingt	on,D	.C.	
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			22. NA	AME AND	ADDRESS OF FA	GILITY CON	c T	20			
► no.	06/2	. 0.	Joseph Gawler's Sons, 5130 Wisconsin Ave, NW					NI LIK	ic.	- h	D C .	2001
23. PART i. Enter the diseeses, o	X	CLAN	~									ximate
disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):												
	d										+	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condit Advisor	Normal passure hydrocopholus 1 yes 2 NO							WERE AUTOP MAILABLE PI COMPLETION OF DEATH? 1 YES 2	OF CAUSE			
25. WAS CASE REFERRED TO MEDICAL					28. PLA	CE OF OEATH (Ch	eck only one)					
EXAMINER?	HOSPITAL:	ER/Outpatient 3	DOA	OTHER:	na Home	5 Residence	6 Other /S	Inecify!				
27. MANNER OF OEATH	26a, DATE OF	INJURY	28b. TIN	E OF 2	8c. INJUF	RY AT	28d. DESCR		NJURY OCC	URED		
1 Natural 6 Pending	(Month, D	Pay, Year)		JURY	WOR			-		_		
2 Accident Investigation	26s, PLACE O	F INJURY At he	me, farm				26t. LOCATIO	ON (Street a	nd Number	or Rural Pr	nute Number	
3 Suicide 6 Could not 4 Homicide detarmined	oo building.	atc. (Specify)	yentili	-1.001	,, oilled		City or 1	lown, State)	- Tallinudi I	or invited PNC	AND INDITIONS,	
anal	YSICIAN: To the best of INER: On the bests of a										and manner	as stated.
295 DIGNATURE AND TITLE OF CERTI	HER					29c. LICENSE NUM	ABER		29d. DATE	SIGNED	Month, Day, 1	rbar)
C XX /	land-	mi	7			DIIM	24		1 9	161	ke	
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUS	SE OF DEATH (ITE	M 27) (Type	Print)	"	App	Cha	21- 1	Char	2 /	2/	
31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE	,	Com	/-/	100.	cne	7 6	1100	0 //	/(V)	
CED 27 %	an di	Sin Davida	- P	nda DO								

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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	DIRECTOR	10a. \$
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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.									
OECEDENT'S NAME (First, Middle, Lass Mary	о Е.	Robe	rtson		2, DATE OF DEATH MONTH D	/9.0	YEAR	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 216-03-2670		In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 06/07/15		Countr	IPLACE (State or Foreign y)	
9a. FACILITY NAME (If not institution, give	1 M 2 F	75 YRS.	b. CITY, TOWN	OR LOCATION OF I		Maryland 9c. COUNTY OF DEATH			
Anne Arundel M	Medical Center		Annap	olis		An	ne A	rundel	
	me Arundel	10c CITY, Arn	TOWNLOR LOC	ATION			10d. INSIDE CITY LIMITS?		
100 STREET ON THUMBET OF AV	enue		1	of. ZIP CODE 21	012	10g. CIT	IZEN OF V	1 YES 2 NO	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Olvorced	12. WAS OECEDENT EVER II FORCES? 1 _ YES IF YES, GIVE WAR OR D.	2 NO	If yes, s		ANIC ORIGIN? (Specify Ya can, Puarto Rican, etc.)	s or No—			
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)									
17. FATHER'S NAME (First, Middle, Last)		Cashie	r	16. MOTHER'S N	Pharma IAME (First, Middle, Malden	_		<u> </u>	
George F. Fede	rline			Della	M. Titlo			1 1 2	
19a. INFORMANT'S NAME (Type/Print) Mr. William G.	Robertson	195. MAILING A			Arnold	vn, State, Zi	(p Code)	21012	
20a. MF HOD OF DISPOSITION 1	emoval from State	PLACE OF DISPOSIT Other place) Gardens of	rion (Name of c f Faith	emetery, crematory or			City or To	eryland	
21. SIGNATURE OF THERAL SERVICE		Some	22. NAME	AND ADDRESS OF I	FACILITY 495 F	Ritch	ie H	Wy. rk MD 21146	
23. PART I. Enter the diseases, of shock, or heart failur IMMEDIATE CAUSE (Final disease of condition resulting in death)	e. List only one cause on e	sch lina.	Fas		ich as cardisc or resp	oiratory a	rrest,	Approximats Interval Between Onset and Death	
Sequentisliy list conditions, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A		EZ (NTEC	LIUER+	Luc	6 HE	7.5	
PART II. Other significant condit	ions contributing to dasth b	out not resulting in	tha undarlyl	ng csusa givan i		RMED?	246	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. OTHER:	PLACE OF DEATH (Check only one)				
1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	28a. OATE OF INJURY (Month, Day, Year)	28b, TIME	OF 28c, II	ne 5 Realdenc	8 Other (Specify) 28d. OESCRIBE HOW	INJURY O	CCURED		
2 Accident Investigation 3 Suicide 6 Could not in determined	28a. PLACE OF INJURY building, etc. (Spe	/ — At home, ferm, str	reet, factory, of	ica	261. LOCATION (Street City or Town, State		er or Rural	Route Number,	
CONDUM OTHY	YSICIAN: To the best of my know							s) and manner as stated.	
29b SIGNATURE AND TITLE OF CERTIF	FIER	M	١.	BM 09	UMBER 235235	29d. DA	TE SIGNE	(Month, Day, Year)	
DAUTD E	. MATTESO	U, IOT	RID.						
OCT 9 199	12. REGISTRAR'S SIGN	Ander .			*:				

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BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death centificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEFAL DIRECTOR: After this centificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buntal-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buntal, cremation, or removal.

IMPORTANT: If hem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DOOR 11 DOOR 110	and ty	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH MONTH DAY YEAR			
ROSE M. ROBINS						10 09 90			11.27 P			
I. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yr.	s. last birthday)	MONTHS D		UNDER 24 HR		(Month, Day, Year) Cour			LACE (State of	or Foreign
234-40-8675		62	YRS.				01	-23-28			Viro	<i>q</i> inia
Ba. FACILITY NAME (If not institution,				96. COUNTY OF DEATH GLEN BURNIE, MARYLAND 96. COUNTY OF DEATH A.A.						ATH		
NORTH ARUNDEL				GLEN	ROKMI	E, MA	YLAND		A.A.			
On. STATE 10b. CC			10c. CITY	CITY, TOWN OR LOCATION						1	10d. INSIDE	CITY
MD	Anne Arui	ndel	Set	evern						-	LIMITS?	NO D
0e. STREET AND NUMBER					10f, ZIP	CODE			10g. CITIZE	IZEN OF WHAT COUNTRY?		
8328 Cand	lewick (Court		21144 USA								
MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1				13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No. 14. RACE -					American Whita, etc.			
15. DECEDENT'S	EDUCATION	160	DECEDENT'S				1	66. KIND OF BUS	INESS/INDUS	STRY		
(Specify only highest Elementary/Secondary (0-12)	College (1-4 or 5	+)	(Give kind of ville. Do NOT us	e retired.)	ing most or	working						
12		E	Engine	neer				AA C	o. Bo	l. c	of Ed	ucat
7. FATHER'S NAME (First, Middle, Las					16.			AAME (First, Middle, Maiden Surname)				
Thomas Wil						Bert	ie S	Short				
e. INFORMANT'S NAME (Type/Print)			19b. MAILING ADDRESS (Street and Number or Rural Route Nu									
Charles E.								napol.		_	2140	3
ta, METHOD OF DISPOSITION Z Burial 2 Cremation 3 Donation 5 Other (Specify)	oth	ace of dispos or place) nity	U.M.	Chu	rch	/cen	netery	oden	ton			
1. SIGNATURE OF FUNE HALL SETWIN	(Iron)							al Hon		Α.		
disease or condition resulting in death) a.												
that initiated events			d									
that initiated events reaulting in death) LAST	d									_	<u> </u>	
that initiated events	d	o death but i	not resulting	In the unde	ertying ca	use giver	in Part I.	24e. WAS AN PERFOR 1 YES 2	RMED?		WERE AUTOP: MAILABLE PF COMPLETION OF DEATH? 1 YES 2	RIOR TO OF CAUSE
that initiated events resulting in death) LAST PART II. Other significant cond	dditiona contributing to	o death but i	not resulting	in the unde			in Part I.	PERFOR	RMED?		AVAILABLE PF COMPLETION OF DEATH?	RIOR TO OF CAUSE
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that Initiated events resulting in death) LAST PART II. Other significant cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	d	☐ ER/Outpatle	nt 3 🗆 DOA	OTHER: 4 Nursin	26. PLACE g Home 5 8c. INJURY WORK?	OF DEATH	(Check only	PERFOR	NO NO		AVAILABLE PF COMPLETION OF DEATH?	RIOR TO OF CAUSE
PART II. Other significant cond 5. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH	d	□ ER/Outpetle F INJURY Day, Year)	nt 3 🗆 DOA	OTHER: 4 Nursin	26. PLACE g Home 5 8c. INJURY WORK? 1 YES	OF DEATH	(Check only	PERFOR 1 YES 2 r one)	NJURY OCCU	FRED	AMAILABLE PF COMPLETION OF DEATH? 1 YES 2	RIOR TO OF CAUSE
PART II. Other significant cond S. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 17. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investige 3 Suicide 6 Could in determine 19. CERTIFIER (Check only one) 2 MEDICAL EX	d	□ ER/Outpatie F INJURY Day, Year) OF INJURY — g, etc. (Specify)	nt 3 DOA 28b. TIM RN. At home, farm,	OTHER: 4 Nursin IE OF 2 URY M street, factor	26. PLACE g Home 5 sc. INJURY WORKY 1 YES y, office e, date and	OF DEATH Resider AT Description Resider AT Description Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider Resider	(Check only) ice 8 O O 28d. I 28f. L C the time, d	PERFOR 1 VES 2 ther (Specify) DESCRIBE HOW I OCATION (Street ily or Town, State)	NJURY OCCU	IRED IRED I.	AMALABLE PF COMPLETION OF DEATHY 1 YES 2	NOA TO OF CAUSE
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		1 - STATE REGISTRAR	SIAIL OF I	IAITI LAIN	CERTIF					REG.	NO.		
		1. DECEDENT'S NAME (First, Middle, Last)							:	2. DATE OF DEAT	H DAY	YEAR	3. TIME OF DEATH
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	3		5. SEX	6. AGE (In yrs	s. last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. OATE OF BIRTH (Month, Day, Yea	r)	8. BIRT	HPLACE (State or Foreign stry)
ч		21/00/01/01	1 M 2 🗆 F		58 YRS.					08-09			ryland
١,	.	9e. FACILITY NAME (If not inetitution, give stre				9b. CITY,			ON OF DEAT	ГН	9c. CO	UNTY OF E	DEATH
١	5	Bon Secour Ho	spital				ват	timo	re				
DIDECTOR		10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN O	R LOCATION	ON					10d. INSIDE CITY
2		Maryland				Ba	1tim	ore					LIMITS?
=		10e. STREET AND NUMBER					101.	ZIP CODE			10g. C	TIZEN OF	WHAT COUNTRY?
CHNEDAL		1524 Argyle Av	renue					212	17			USA	
	5		12. WAS DECEDEN FORCES? 1							ORIGIN? (Specify Puarto Ricen, etc.		14. RAC Blac	CE — American Indian, ck, While, etc.
>		1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE W						Specify:		,		ony:Black
- 1	- 11	15. DECEDENT'S EDUCA	TION	184	. DECEDENT'S	USUAL O	CCUPATIO	ν		16b. KIND OF	BUSINESS/II	NDUSTRY	
l i		(Specify only highest grade of Elementary/Secondary (0-12)	ompleted) College (1-4 or 5 -		(Give kind of a	work done o	during mos	t of working	g				
٥		0-6			Lab	or							
at once.		17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NAME	E (First, Middle, Ma	iden Sumeme;)	
ल्पी ।।		William I Russ	se11				-	M	ary I	Helen St	ewart		
TO DE		19a. INFORMANT'S NAME (Type/Print)								ute Number, City or		-	
	1	Herbert Russell								Marylar			
		1 St Buriel 2 - Cremellon 3 - Remov	ral from Stale	oth	ACE OF DISPOS				•		LOCATION -		1-11-1-1-1
mer must		4 Donation 5 Other (Specify)	NSEE		Mt. OI				EMET'S	LITY			erick, Md
		· 1	- 0	. 10									Beach Rd.
ă L	4	> Spencer 8											erick, Md
Je al		shock, or heart failure. List only one cause on each line.									Approximsta Interval Between Onset and Death		
		iMMEDIATE CAUSE (Fine) disease or condition						is Failure					
, E		resulting in death)	DUE/TD	ION AS A CO	NSEQUENCE O	7	1	-	w	f.			
2 2			K	alle	atus	V	(P	re	um	mos			
E C	2	Sequentially liet conditions, if any, leading to immediate	DUE-10	(OR AS A CO	наевирное о	7//	2 V	0 1					
	5	cause. Enter UNDERLYING CAUSE (Disesae or injury	_ U	mer	121	64	ell	u	4				
E PLE		that initieted evants resulting in death) LAST	DUE/TO	TOM AS A BO	навруенсер	F):	2 1	, 6					
ry, or other traumatic	í	L a	10	asgi	NIN	10	LU	VIC					
		PART II. Other significant coriditions	contributing to	death but r	not resulting	in the ur	ndarlying	ceuse g	given in P	art i. 24s. WA	S AN AUTOPS	Y 24	Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MAEDICAL		multiple	Je LUW	a -							S 2 NO		COMPLETION OF CAUSE OF DEATH?
SHOWS		Ca no No	Jun-		0		0	C .	1				1 YES 2 NO
23 SH		acute +	Oli	uni	c Fl	va	X 7	au	lin	4			
Tem 7	5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Accessors.		OTHE		AGE OF D	EATH (Chec	ok only one)			
Ced, or Item 23 S	2	1 TES 2 TIMO	1 Thempatient 2			4 🗆 Nur	sing Home			Other (Specify,			
		27. MANNER OF OEATH 1 Natural 5 Pending	28e. OATE OF (Month, E		28b. Till IN	JURY M	28c. INJU	RK?		28d. OEŞCRIBE H	OW INJURY C	CCUREO	
		2 Accident Investigation	28e, PLACE O	F INJURY /	Al home, farm,			ES 2	-	28f. LOCATION (S)	met end Num	ber or Burni	I Route Number
25 E		3 Suicide 8 Could not be 4 Homicide determined	building.	etc. (Specify)	,		,			City or Town,			,
		29e. CERTIFIER 1 LERTIFYING PHYSIC	IAN: To the best of	my knowlado	e, death occur	ed at the	lime, date	and place	end due to	o the cause(s) en	I menner ee s	stated	
PORTANT: If Item		(Check only one) 2 MEDICAL EXAMINER											o(s) end menner es stated.
MAI S		291 SIGNATURE AND TITLE OF CERTIFIER			1100000000	W HALL	T		ENSE NUMB	Training Washer		ATE SIGNE	
- 1	١	Allon	1~		MI			1	16	263	•	101	8 90
≧ ፭	2	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CAU	SE OF DEATH	(ITEM 27) (Type	3 Print)		4	1 4				0110

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 meurs after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 in IMPORTANT: If Item 28 is marked. Or liem 23 should be detached for use as the burial-transit permit. Pages 1, 2, 3 in Important in Item 28 is marked.

31. DATE FILED (Month, Day, Year)

OCT 1 2 1990

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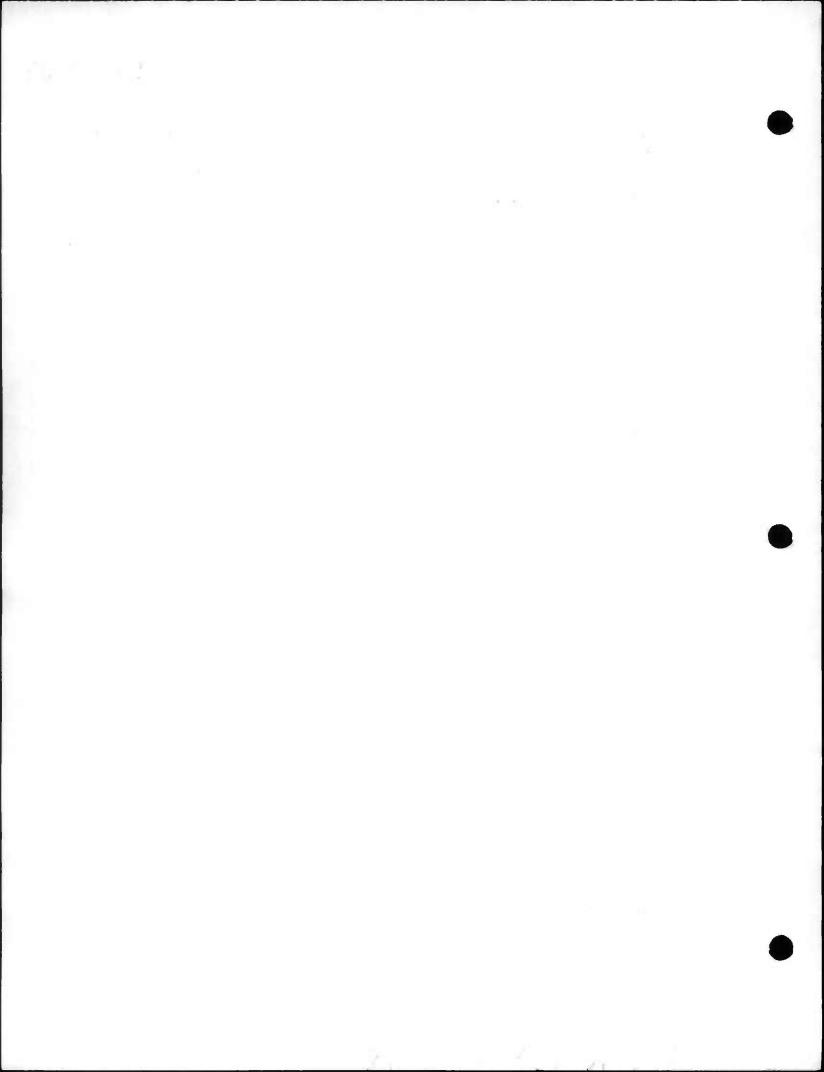
urs after death. Page 6 may be retained by the hospital or attending physician. In by the funeral director, page 5 should be detached for use as the burial-transit ed at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 2-

BALTIMORE, MARYLAND 21203-3146

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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sl		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified	
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OR: /	fter c	8 18	
RECT	urs a	E	
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FUNER	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TANT	
표	filed	2	
2	8	፷	

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

- 1	1. DECEOENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH												
	Mary A. RICE								September 28, 1990 8:25 A M				
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER			R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country)				
	068-24-0462	1 🗆 M 2 💢 F	76	YRS.	MONTHS	DAYS	HOURS	MIN.		14-13			York
	9a. FACILITY NAME (If not institution,	, give street and number)			9b. CITY	, TOWN	OR LOCATI	ON OF OE					
FUNERAL DIRECTOR	AMI DRS HOSPITAL OF P.G. COUNTY Lan						anham Prince George						
Ĭ,	10a. STATE 10b. COUNTY 10c					OR LOCAT							10d. INSIDE CITY LIMITS?
0	Maryland Pr	rince Georg	ge's		Co	ttag	ge Ci	.ty					1 TY YES 20 NO
AL	10e. STREET AND NUMBER					101	. ZIP COD	E			10g. CITI	ZEN OF W	HAT COUNTRY?
ER	4142 Bunker H	ill Road					2072	22			U.:	S.A.	
5	11. MARITAL STATUS	12. WAS DECED	ENT EVER IN U.S. ARI	MED	13.	WAS DEC	ENDENT (OF HISPAN	NC ORIGIN?	(Specify Yaa		14. RACE	- American Indian, White, etc.
ВУ	1 Naver Married 2 Married 3 TW Widowed 4 Divorced		WAR OR DATES					Specify	n, Puarto Ri /:	cari, atc.)		Specif	y:
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COMPLETED	15. OECEDENT (Specify only highes		16a. DE:	ve kind of	Work done	CCUPATION MO	ON ost of worki	ing	16b.	KIND OF BUS	INESS/IND	USTRY	
۳	Elementary/Secondary (0-12)	College (1-4 or	5+)								_		
M	12	None	Aud	<u>itin</u>	g Cl	erk	,			st &			
	17. FATHER'S NAME (First, Middle, Li	nst)								ddle, Malden	0.12		
BE	John Glynn 19a. INFORMANT'S NAME (Type/Prin							rlot				romwe	211
9		ăi.								r, City or Town			
Ė	Patricia A. Ba	tson	20b. PLACE						pper				20772
	1 TyBuriet 2 Cremetion 3		other pla	ece)							CATION —		2 10 10 10 10 10 10 10 10 10 10 10 10 10
	4 ☐ Donetion 5 ☐ Other (Specify 21, SIGNATURE OF FUNERAL SERV		<u> </u>	ery				tion ESS OF FA		<u> Pin</u>	elaw	n Ne	w york
	\mathcal{M}	<u> </u>	1 /2							one F	uner	1 Ho	ome, P.A.
	musa	ena L	- KOJ-	Ke/2									Md 20781
	23. PART I. Enter the disease	s, or complications to			not enter	the mo	ode of dy	/Ing, suc	h es cardi	ec or reepí	retory srr	rest,	Approximate interval Between
	IMMEDIATE CAUSE (Finel			_				11		1			Opent and Deet
- 1	disease or condition - e. Severe Coronary Krait Diseas												
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): Very advaced Emysly sema DUE TO (OR AS A CONSEQUENCE OF): Very advaced Entre UNDERLYING CAUSE (Disease or injury) CAUSE (Disease or injury)												
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ATION	Sequentielly list conditions, if eny, leading to immediate cause. Enter LINDERLYING	b. UQU	TO (OR AS A CONSECTO (OR AS A CONSEC	VOUENCE O	P: <u>ACEA</u> P:	2 8	my.	sty	sem	a	7.		
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HYGIENE

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

-	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL
0	DECEDENT'S NAME (First, Middle, Last)		2. DATE O

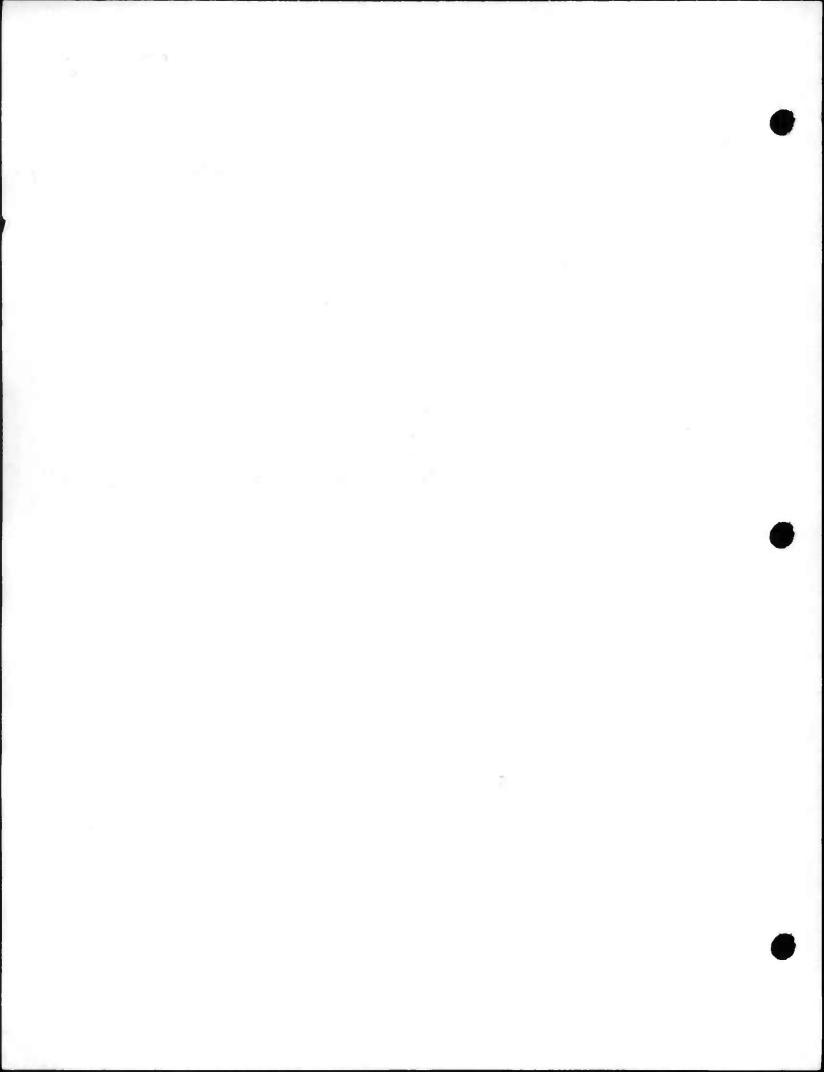
	1 - STATE REGISTRAR	SIAIE UF MARTI		CATE OI		MENIAL HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
- 1	DELBERT	N. RIFFLE	-			MONTH DA		2 40P M	
	4. SOCIAL SECURITY NUMBER		(in yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BI	RTHPLACE (State or Foreign	
ŀ	214-03-7667	1XX 2 = 82	YRS.	MONTHS DAYS	HOURS MIN.	02-15-1908		nnsylvania	
ŀ	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY O		
DIRECTOR	PRINCE GEORGE'S H	OSPITAL CENT	ΓER	CHEVER	LY	PRINCE	E GEORGE t S		
<u> </u>	10a. STATE 10b. COUNT	Υ	10c, CIT	Y, TOWN OR LOC	ATION			10d. INSIDE CITY	
	Maryland Princ	ce George's	Up	per Mar	lboro			1 TYES 2 X NO	
₹	10a. STREET AND NUMBER				01. ZIP CODE	•	10g. CITIZEN C	F WHAT COUNTRY?	
	1077 Largo Road				20772		U.S.	Α	
5	11. MARITAL STATUS 1 Never Married 2 X Married	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED			NIC ORIGIN? (Specify Yearin, Puerto Rican, etc.)	or No — 14. R	ACE — American Indian, lack, Whita, etc.	
BY FUNERAL	3 Widowed 4 Divorced	IF YES, GIVE WAR OR			S 2 NO Specif			pocity: hite	
- 1	15. DECEDENT'S ED		16a. DECEDENT'S	USUAL OCCUPA	TION	16b. KIND OF BUS			
	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 8+)	(Give kind of life. Do NOT u	work done during i se retired.)	nost of working			Į.	
COMPLETED	1 2th		Interior	r-Exteri	or Decor	ator Self	Employ	ed	
5	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Msiden	Sumame)		
H H	Gilbert Riffle				Cora .				
2	190. INFORMANT'S NAME (Type/Print) Bertha H. Riffle		1			Route Number, City or Town			
		Α			pad, Upp	er Marlbor	O, MO.		
	20e METHOD OF DISPOSITION 1 ★Burlat 2 □ Cremation 3 □ Ren 4 □ Donation y5 □ Cremation (Society)	nover from State	(other place)		Cemeter		entwood	A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLUMN TO A COLU	
	21. SIGNATURINOF PUNERAL SERVICE L	coles (1/	22, NAME	AND ADDRESS OF FA	CILITY			
	FRANCIS GASCH'S SONS FUNERAL HOME 4739 Balt. Ave., Hyattsville, Md. 20781								
	23. PART i. Enter the discesses, Dr	complications that cause	ed the deeth. Do	not enter the n	node of dying, euc	ch ee cerdiec or reepi	retory errest,	Approximeta	
	iMMEDIATE CAUSE (Fine)	List Dniy one ceuse on	eech line.					interval Between Onset and Deeth	
	disease or condition resulting in death)	· Se	156						
	,	QUE TO (OR A	A CONSEQUENCE O	DF): 01					
Z	Sequentially list conditions,	1. Left	Comer	Kobe	pue	umana			
RTIFICATION	if eny, leeding to immediate cause. Enter UNDERLYING	A labored	COA	hrov	orcula	accid	Oo. L		
	CAUSE (Disease or Injury that initiated events	C. DUE TO (OR AS	A CONSEQUENÇE C	OF):	1	Cacac	1		
	reaulting in death) LAST	, selle u	dely	in 60	reliac	resmit	atory	isuthicien a	
CE	PART II. Other aignificant condition	ne contributing to deeth	but not resulting	In the underly	ing cause given in	Part i. 24s. WAS AN	AIIMARY	24b. WERE AUTOPSY FINDINGS	
8			Dat not recurring	in the dilocity	ing codes given in	PERFOR	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDI						1 _ YES 2	XIXº	OF DEATH?	
Σ						—		1 TYES 2 NO	
A	25. WAS CASE REFERRED TO MEDICAL		-	26.	PLACE OF DEATH (C)	heck only one)			
	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Ou	itpatient 3 🗆 DOA	OTHER:	ome 5 Residence	8 Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)			NJURY AT VORK?	28d. DESCRIBE HOW	NJURY OCCURE	D	
B	1 Netural 8 Pending 2 Accident Investigation	74.54 741.54			YES 2 NO				
	3 Suicide 8 Could not be	28e. PLACE OF INJUI building, etc. (Sp		streat, factory, of	fica	281. LOCATION (Street City or Town, State)		ıral Route Number,	
	4 Homicide datarmined								
4	Orision only	SICIAN: To the best of my kno							
COMPLETED	One) 2 MEDICAL EXAMI	EN Print a part of assemble	ion and/or investigati	ion, in my opinion	, death occured at the	time, date and place, ar	nd due to the cau	use(a) and manner as stated.	
BE	295. SIGNATURE AND TITLE OF CERTIFIE	4111/			29c. LICENSE NU	-		NED (Month, Day, Year)	
2	11	1111//			17 28	452	101	11/90	
	30. NAME AND ADDRESS OF PER ON Y	LETED CAUSE OF	DEATH (ITEM 27) (Typ	e, Print)					
	31. DATE FILED (Month, Day, Year)	KIHAIL, I	SNATURE -						
	OCT 0 2 '90	0	Randall						
	V01 V C 00	Junio will ason-	Munder					DHMH-18 Rev 1/89	



TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

												U	40000)
FOR STATE		STATE OF I	/ARYLAI						MENTA		E			
REGISTRAR 1. DECEOENT'S NAME (First.	Adjuste to at			CERT	IFICA	MEO)F D	EATH		REG. NO.			3. TIME OF DEATH	_
				Digo					MONT Q			YEAR	T. A.W. T. T. T. T. T. T. T. T. T. T. T. T. T.	.,
Reginal		Rice 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 Y					10 1 1	F UNDER 24 HRS.	_	29 OF BIRTH		90	2:22 A LACE (State or Foreign	М
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578-68-7595			10	inc		OUTLY TOU	401.00.4	00171011 05 01	Jai	nuary2.	9c. COUNT) Was	shington	<u>, D</u>
Prince Ge			l Hogy	ni+al	96.	CITY, TOW		OCATION OF DE			200 2 2 3 3 3 3			
ESIDENCE OF DEC	-	s Genera	I nos	pitai				Cheverl	У		PLI	nce	George's	-
Da. STATE	10b. COUNTY			10c.	CITY, TO	WN OR LO	OCATION	ŧ					10d. INSIDE CITY	
Maryland	Prin	ce Georg	e		Lan	dove	r					- [.	1 YES 2 NO)
De. STREET AND NUMBER							10f. ZI	P CODE			10g. CITIZ	EN OF WI	HAT COUNTRY?	
8111 Landov	er Roa	d						20785			Unite	ed St	tates	
1. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U	J.S. ARMED	T	13. WAS I	DECEN	DENT OF HISPAI	NIC ORIGI	N? (Specify Yee	or No-	14. RACE	- American Indien,	
☐ Never Merried 2 ☐		FORCES? 1	YES	S-F-NO			YES 2	y Cuban, Mexica NO Specif		Rican, etc.)		Black, Specify	White, atc.	
☐ Widowed 4 🖾 Mivo	rced						X	X	,.			opouty	Black	
	EDENT'S EDU		1	18e. DECEDEN	T'S USU	AL OCCUP	PATION	f warking	16	b. KIND OF BUS	INESS/INDU	ISTRY		
Elementery/Secondary (0	-12)	College (1-4 or 5	+)	Iffe. Do NO	T use reti	red.)	y mosi u	Working		_				
11t	h.]	Labo	rer				Pı	civate	9		
. FATHER'S NAME (First, M							10	B. MOTHER'S NA						
Rodney Rice								Sadi	ie Re	eynolds	5			
e. INFORMANT'S NAME (7								Number or Rural						_
Regina Turn	er			811	1 La	ndov	rer	Rd. Lar	ndove	er, Mai	ryland	1 207	785	
METHOO OF DISPOSIT	ION		20b. F	PLACE OF DIS	POSITIO	N (Name of	of comete	ery, crematory or			CATION C			
☐ Donetion 5 ☐ Other		oval from State	_ H	larmony	y Me	mori	al	Park					aryland	
1. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE				22. NAMI	E AND	ADDRESS OF FA	CILITY V	J.B. Je	nkins	s Fur	neral Ho	ne
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diseese or condition	→	a. OUE TO		anio-c		oral	Tra	auma						
Sequentially list condit if eny, leading to imme	diata	b. OUE TO	OR AS A C	CONSEQUENC	E OF):	<u> </u>								
CAUSE (Disease or Injuithat Initiated events reaulting in daeth) LAS	ary	c. OUE TO	OR AS A C	CONSEQUENC	E OF):									
PART II. Other algorifica Ethanol A		e contributing to	death but	t not resulti	ng in th	ne underl	rlying c	ause given in	Part I.	24a. WAS AN PERFOR			WERE AUTOPSY FINE AVAILABLE PRIOR TO)
Eulanoi	abuse									1 X YES 2	□ NO		COMPLETION DF CAU DF DEATH?	ISE
													1 XYES 2 - NO	,
5. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSSITT			1		6. PLAC	E OF DEATH (C	heck anly o	one)				
1 YES 2 NO		HOSPITAL:	ER/Outpat	tient 3 🗆 DO		HER: Nursing	Home	5 - Residence	6 🗆 Ott	ner (Specify)				
7. MANNER OF DEATH		26a. DATE O	F INJURY Day, Year)	28b.	TIME OF	26c.	c. INJUR		28d. DI	ESCRIBE HOW	NJURY OCC	URED		_
	Pending Investigation	9/27			INJUNT	M 1		2 🔀 NO	Su	bject	fell			
2 X Accident 3 Suicide	Could not be	28e. PLACE	OF INJURY -	At home, fa	rm, stree	t, factory,	office		28f. LO	CATION (Street	and Number	or Rural R	oute Number,	
4 Homicide	determined	building	, atc. (Specify	" on roa	dwa	V7				y or Town, State;		ff R	d.,Fairm	101
(Orlock Orly		ICIAN: To the best of	f my knowle	dge, death oc	curred at	the time,			e to the c	HO ause(s) and ma	ts.	Pr.	GeO., Mo	
b. SIGNATURE AND TITLE			38-58-5					A LIMIT OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA						
A SIGNAL AND ITEL							2	90. LICENSE NU OCME			296. DATE		(Month, Day, Year) 30/90	
D. NAME AND ADDRESS O	E DEPROOF WE	O COMPLETED CO	ISE OF DE	TH ATEN OF	Cam- a.	-61		30.11				71	20, 30	
Ann M. D	ixon, l	M.D.		111	Peni	n St.			Bal	timore	, Md.	212	01	
OCT 03	30"	Julia Da	AR'S SIGNA	Andelle	2									



DHMH-16 Rev 1/89

	1 - STATE REGISTRAR		RTMENT OF HEALTH AND FICATE OF DEATH	MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Mieldle, Last)	a Virginia	Bond	2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last birthday)		7. DATE OF BIRTH	8. BIRTHP	PLACE (State or Foreign
	212-01-8662 10 M2X	7 6 YAS.	MONTHS DAYS HOURS MIN.	(Month, Day, Year)	Country	1 U
r	9e. FACILITY NAME (If not institution, give street and number)		BALT MORE	EATH	9c. COUNTY OF DE	ore City
2	RESIDENCE OF DECEDENT	10.00		(J),		
	100. STATE Carroll	100. CI	Finks burg			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL DIRECTOR	2921 Club Hous	MA	101. ZIP CODE	7	10g. CITIZEN OF WI	HAT COUNTRY?
		DENT EVER IN U.S. ARMED	2194	NIC ORIGIN? (Specify Yes	or No 14. RACE	- American Indian,
2	1 Never Married 2 Married FORCES?	1 YES 2 NO E WAR OR DATES	If yes, specify Cuben, Mexic 1 YES 2 NO Speci	an, Puerto Rican, stc.)	Black, Specify	White, etc.
COMPLEIED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of	S USUAL OCCUPATION work done during most of working use retired.)	16b. KIND OF BUS		Elo e t
2	Elsmentery/Secondary (0-12) College (1-4 or	Seam Seam	tress	Grier	Sewring	Factory
_	17. FATHER'S NAME (First, Middle, Last) Carroll Williams			AME (First, Middle, Malden S Parrish	Sumame)	
O BE	19s. INFORMANT'S NAME (Type/Print)	19b. MAILIN	G ADDRESS (Street and Number or Rural	Route Number, City or Town	, State, Zip Code)	07.01.0
=	Josephine Cowan		l Clubhouse Ro		*	
	20s METHOD OF DISPOSITION 1A0 Buris! 2 Cremetion 3 Removal from State 4 Donstion 5 Other (Specify)	Place of bispo Cher piece) Finks by	urg Cemetery crematory or urg Cemetery	F:	inksburg	g, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	_	22. NAME AND ADDRESS OF F. Thomas D. F. 254 East Ma	letcher & ain St. We	Son F. Bestmins	ter,Md.
	23. PART I. Entar tha diseases, or complications ahock, or heart fallure. List only one					Approximate interval Batween
	IMMEDIATE CAUSE (Final		ARCINOMA "	70 TUE	LIVER	Onset end Death
	reaulting in death) a. OUE	TO (OR AS A CONSEQUENCE	OF):	10 142	TIO LI	
20	Sequentially list conditione, b. DUE	TO (OR AS A CONSEQUENCE (DF):			
SA	if any, laeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury					
CEMINICATION	that initiated avanta resulting in death) LAST	TO (OR AS A CONSEQUENCE O	OF):			
2	PART II. Other eignificant conditions contributing	to death but not reaulting	in the underlying ceuse given in			WERE AUTOPSY FINDINGS
2	CONGESTIVE H	EARS FAIL	URF	PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME.						1 TES 2 NO
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL		26. PLACE OF DEATH (C	heck only one)		
142	1 NES 2 NO 1 Inpatient	2 □ ER/Outpatient 3 □ DOA OF INJURY 28b, Ti	OTHER: 4 □ Nursing Home 5 □ Residence ME OF 28c, INJURY AT	8 Other (Specify)	LIURY OCCURED	
2 2		h, Day, Year) IN	M 1 YES 2 NO			
	3 Suicide 28e. PLAC	E OF INJURY — At home, farm, ing, etc. (Specify)	street, factory, offics	28f. LOCATION (Street & City or Town, State)	nd Number or Rural Ro	oute Number,
COMPLEIED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best one)		rred at the time, data and place, and du			and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	ATTEN		MBER 6 1 0	29d. DATE SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WNO COMPLETED		2 2 4 11	WAR LE	VINDAL	E
	31. DATE FILED (Month, Day, Year) 32. REGIS	DERE AVEN	IVE, BALTIM	OKE, MD	2121	5
	act a 'an Lulia	Javidson-Randalle				
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. The law requires that the death certificate be executed within 2 Juns after death. Page 6 may be retained by the hospital or attending phy	ate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burense new or the burense of the burense new or the burense of the burense new or the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burense of the burens	tion 22 shows any injury or other framestic event the medical examiner must be notified at once
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	1 - FOR STATE OF MARYLAND / CE	DEPARTM ERTIFICA			MENTAL HYGIEN	E 9	0 28858	
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH DA	y yr	3. TIME OF DEATH	
	MARJORIE ALICE REPAC				10 - 11 -	1990	M BIRTHPLACE (State or Foreign	
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last 156-01-4196 1 □ M 2★ F 70	(Month Day Year)						
	9e. FACILITY NAME (If not institution, give street end number)		CITY, TOWN O	R LOCATION OF DEA		920 N	ew Jersey of DEATH	
OR	SACRED HEART HOSPITAL		Cumb	erland		ALLEH	ANY COUNTY	
EC	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	10c. CITY, TO	WN OR LOCATI	ON			10d. INSIDE CITY	
E E	Maryland Washington	Hag	erstow	n			LIMITS? 1 YES 2 NO	
FUNERAL DIRECTOR	106. STREET AND NUMBER 1680 Bennie AVenue			ZIP CODE 21740		109. CITIZEN	OF WHAT COUNTRY?	
S	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARI	MEO			IC ORIGIN? (Specify Yee	or No- 14.	RACE — American Indian, Black, White, etc.	
BY F	1 Never Merried 2 Merried FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES	10	1 Tyes, spe		, Puerto Rican, etc.)		Specify:	
	15. DECEDENT'S EDUCATION 16e. DE	CEOENT'S USU	AL OCCUPATIO	N	16b. KIND OF BUS		nite	
COMPLETED	Elementery/Secondary (0-12) College (1-4 or 5+)	ive kind of work of Do NOT use ret	ired.)	t of working				
MP	8 17. FATHER'S NAME (First, Middle, Last)	housew	ite					
BE CO	John R. McClain				ME (First, Middle, Meiden rie Kenned			
10 B					loute Number, City or Town			
-				etery, cremetory or			or Town, State	
	1 Buriel 2 Cremation 3 Removal from State other pla			-13.			n, Maryland	
	21. SIGNATURE OF EUHERAL SERVICE LICENSEE			D ADDRESS OF FAC				
	- Scott Mminus	-Q				erstow	m, Md. 21740	
	23. PART I. Entar the diseases, or complications that caused the de ahock, or heart failure. List only one cause on each line immediate CAUSE (Finei disease or condition	li.			CARCIN D	-	Approximate Interval Batween Onset and Daath	
	resulting in death) a DUE TO (OR AS A DONSE	QUENCE OF):		1100000	<u> </u>	7.77		
CERTIFICATION	Sequentially list conditions, if any, laeding to immediate out to (OR AS A CONSEQUENCE OF):							
ICA	couse. Entar UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSE	QUENCE OF:						
E	that initiated events resulting in dasth) LAST							
	PART II. Other significent conditions contributing to death but not r	reaulting in t	he underlying	cause given in	Part i. 24s, WAS AN	AUTOPSY	24b, WERE AUTOPSY FINDINGS	
Z Z					PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
PHYSICIAN: MEDIC							OF DEATH? 1 YES 2 NO	
ä								
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	_ 0	THER:	ACE OF DEATH (Che				
HYS	1 ☐ YES 2 ☐ NO 1 ☐ Inpetient 2 ☐ ER/Outpatient 3 27. MANNER OF DEATH 280. DATE OF INJURY	28b. TIME O	F 28c. INJ	e 5 🗆 Residence	6 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCUP	RED	
1 Natural 5 Pending Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident Investigation 2 Accident I								
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At he building, etc. (Specify)	281. LOCATION (Street City or Town, State)	and Number or	Rural Route Number,				
틸	29e. CERTIFIER (Check code. 1 CERTIFYING PHYSICIAN: To the best of my knowledge, de	eath occurred =	t the time date	end place, and due	to the causals) and ma	Done on state		
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the best of examination end/or							
BE C	29b. SIGNATURE AND TITLE OF CENTRAL			29c. LICENSE NUN	ABER 7 4	29d. DATE S	IGNED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITE	M an /Fee Sel	met)	173	211/	10	1-11-90	
		shop	Wal	sh Rd.	Cumb			
	31. DATE FILED (Month, Day, Year) 32. REGISTBAR'S SIGNATURE	b						

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		permit. Pag
BALTIMORE, MARYLAND 21203-3146	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zwwours after death. Page 6 may be retained by the hospital or attending physician.	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ecuted with	nd comple
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TO BE COM	TO BE COMPLETED BY PHYSICIAN; MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
-	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, Cremation, or removal.
e funeral director, page 5 should be detache	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache
death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the hosp

	ROSA	c. RO	LLINS		,				INTH	DAY 19	YEAR	3. TIME OF DEATH
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	220-70-9940	98	8 YRS. MONTHS DAYS HOURS MIN.					MIN. (Month, Day, Year) Wash., DO				
	9a. FACILITY NAME (If not institution, give stre				R LOCATION OF	CEATH	-	9c. COUN	NTY OF GEATH			
6	LIBERTY MEDIC	AL C	ENTE	R		BA	LTIM	PE		Balt	imoı	re
띮	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ON					10d, INSIDE CITY
8	Maryland M	ontgomery			Dai	mascı	ıs					LIMITS?
AL	10e. STREET AND NUMBER					101.	ZIP CODE			10g. CITI	ZEN OF V	THAT COUNTRY?
ER	27419 Ridge Ro	ad					20872				USA	
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2			If yes, spe	ENDENT OF HIS clify Cuben, Me: 2 NO Sp	xican, Pue	IGIN? (Specify ' rto Rican, etc.)	Yes or No-	14. RACE Black Speci	- American Indian, t, White, etc.
COMPLETED	15. OECEDENT'S EDUCA (Specify only highest grade of		16a. Di	ECEDENT'S	USUAL O	CCUPATIO	N at of working		16b. KINO OF E	SUSINESS/IND	USTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	Mis						0			
M	1-5th.	N/A		Home	emak	er				n home	-	
8	17. FATHER'S NAME (First, Middle, Last)	atan Amna	1.1						st, Middle, Meid beth M		d	
BE	George Washin	gron Arno		h 144" m.	ADDRES	0 /04	nd Number or Ru					
2	Joseph A. Roll	ine	"				Ave.,					20903
	20s. METHOD OF DISPOSITION	1115	20b. PLACE				netery, crematory			LOCATION —		
	1 St Buriel 2 ☐ Cremation 3 ☐ Removed 4 ☐ Donetion 5 ☐ Other (Specify)	ral from State	other n	(ece)			emetery		W			
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		0			Rinalo			_		
	1 × 4	0/									ina	Md. 20904
	22 PART I. Enter the diseases, or co	mplications that c	aused the d	eath. Do i								Approximate
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events CAUSE (Disease or injury that initiated events Onset end Death PNUEMONIA WHA SEPSIS DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL CER										AMAILABLE PRIOR TO COMPLETION OF CAUSE		
밀												OF DEATH? 1 YES 2. T NO
	101											
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HQSPITAL: OTHER:											
YSI	1 🗆 YES 2 🗷 NO	1 / Inpatient 2 - E			4 🗆 Nu	rsing Hom	s 5 🗆 Residen					
F	27. MANNER OF DEATH 1 Netural 5 Pending	26a. DATE OF IN (Month, Day,	JURY Year)	28b. TIM	JURY		RK?		DESCRIBE HO	W INJURY OC	CURED	
ВУ	2 Accident Investigation	28a PLACE OF L	M HIEV — AL IS	ome form	etmat for		ES 2 NO	_	281, LOCATION (Street and Number or Rural Route Number			
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)								City or Town, St		OF PROPERTY	tone mirrou,
COMPLETED	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.											
TO BE C	29b, SIGNATURE AND TITLE OF CERTIFIER	3	MI		P 2;	330	0	•	10/	(Month, Day, Year)		
F	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE			, Print)	Lib	enty of	heal	i'ene		,	0.40
	DND HIK T	ATEL.		600	L	160	rty K	d,	130	elis	1	0, 21215
	31. DATE FILED (Month, Day, Year) OCT 05 *90	32. REGISTRAR	s signature	ndelle								
												DHMH-16 Rev 1/8

1990 YEAR

1907 Nebraska

10g. CITIZEN OF WHAT COUNTRY?

U.S.A.

9c. COUNTY OF DEATH

Montgomery

3. TIME OF DEATH

4:05 AM

10d. INSIDE CITY LIMITS?

1 TES XX NO

8. BIRTHPLACE (State or Foreign

2. DATE OF OEATH

7. DATE OF BIRTH (Month, Day, Year) Aug. 10,

October 5,

10e. STATE

Maryland

10e. STREET AND NUMBER

DIRECTOR

FUNERAL

Maxine

9a. FACILITY NAME (If not institution, give street and number)

4925 Battery Lane, #704

4925 Battery Lane, #704

10b. COUNTY

Montgomery

4. SOCIAL SECURITY NUMBER

041-18-0805

RESIDENCE OF DECEDENT

N.

6. AGE (In yrs. lest birthday)

YRS.

83

5. SEX

1 □ M 2\X F

10c. CITY, TOWN OR LOCATION

Robertson

DAYS

Bethesda

Bethesda

IF UNDER 1 YEAR | IF UNDER 24 HRS.

HOURS

9b. CITY, TOWN OR LOCATION OF CEATH

10f. ZIP CODE

20814

13146,
ВОХ
P.0.
RECORDS,
- VITAL
9
DIVISION

HOSPITAL OR ATTENDING PHYSICIAN: The

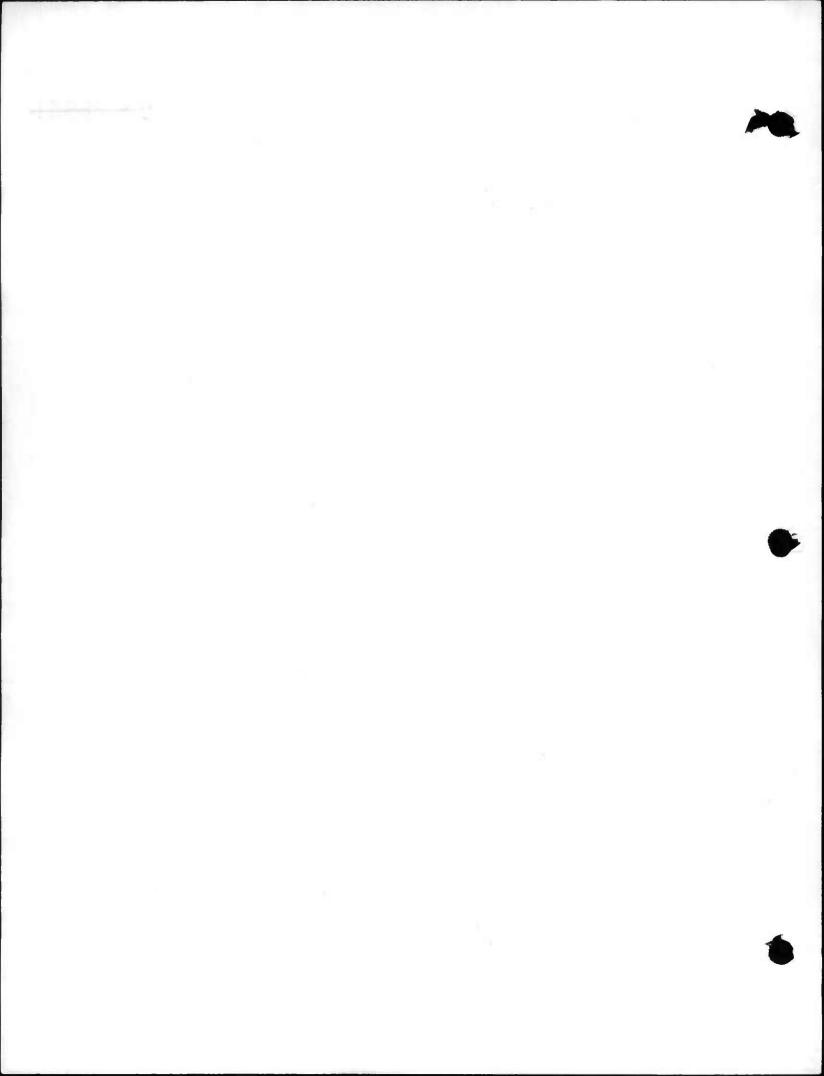
ETED BY FUN	11. MARITAL STATUS 1 Never Merried 2XXMerried 3 Widowed 4 Divorced	IN U.S. ARMED 2XXNO DATES	If yes, sp	CENDENT OF HISPANIC ecify Cuban, Mexican, 2 2 NO Specify:		Specify: Whit				
	15. DECEDENT'S E (Specify only highest gra Elementary/Secondary (0-12)	DUCATION ide completed) College (1-4 or 5+)	16a. DECEDENT'S U (Give kind of wo iffe. Do NOT use	16b. KIND OF BUSINESS/INDUSTRY						
MPL	312-10-333-11	4	Homem	aker			Own ho	me		
COMPL	17. FATHER'S NAME (First, Middle, Last)		_		16. MOTHER'S NAME	E (First, Middle, Maide	n Sumame)			
BE	Lew	т.	Smith		Weir				ilable	
0	19a. INFORMANT'S NAME (Type/Print)		200		and Number or Rural Ro					
	Thomas L. Robe				Court, P				0854	
	20a. METHOD OF DISPOSITION 1 \(\tilde{\Delta} \) Burial 2 \(\tilde{\Delta} \) Cremation 3 \(\tilde{\Delta} \) Re 4 \(\tilde{\Delta} \) Donetion 5 \(\tilde{\Delta} \) Other (Specify) \(\tilde{\Delta} \)	amoval from State	other place) Union	rion (Name of ce Cemeter			eston,		ecticut	
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE . Second	M0052	22. NAME A Robe Beth Aven	nd address of faci rt A. Pum esda-Chev ue, Bethe	phrey Fur y Chase, sda, Mary	neral Inc.	Home 7557 2081	Wisconsi 4-3501	
	IMMEDIATE CAUSE (Finel disease or condition	e. Liet only one cause on a	eech line.	t sater the mo	ode of dying, such	ss cardlec or resp	olratory arre	eat,	Approximate Interval Between Onset end Deeth	
ı	resulting in death)	OUE TO (OR AS	A CONSEQUENCE OF)	- Indiana		2	- Op-			
NOI	Sequentially list conditions, if any, leading to immediate	b. Coros	A CONSEQUENCE OF	2	2 Je	110801	000	200		
RTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events reculting in deeth) LAST	CDUE TO (OR AS	DUE TO (OR AS A CONSEQUENCE OF):							
MEDICAL CE	PART II. Other eignificant condition	ione contributing to deeth	but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTO PERFORMED 1 □ YES 松文					O? AVAILABLE PRIOR TO		
			· · ·							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF OEATH (Check only one)						
YSI	1 XXES 2 □ NO		ng Home SXXRasidence 6 - Other (Specify)							
ВУ РН	27. MANNER OF DEATH N Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU	OF 28c. IN.	28d. DEȘCRIBE HOW INJURY OCCURED					
G	3 Suicide 6 Could not 0	building, etc. (So	RY — At home, farm, at ecity)	reet, factory, offic				it (Street and Number or Rural Route Number, m, State)		
COMPLET	29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the basic of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.									
ш	296. SIGNATURE AND TITLE OF CERTIF	BER	29d. DATE	SIGNED (Mo	onth, Day, Ybar)					
m	ary Vas	- w-			D0854	6	▶ 0	ctobe:	r 5, 1990	
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) John Tauber, M.D., 8218 Wisconsin Avenue, Bethesda, Maryland 20814									
	31. DATE FILEO (Month, Day, Year) OCT 0 9 90	32. REGISTRAR'S SIG	NATURE vidson-Rande	02						
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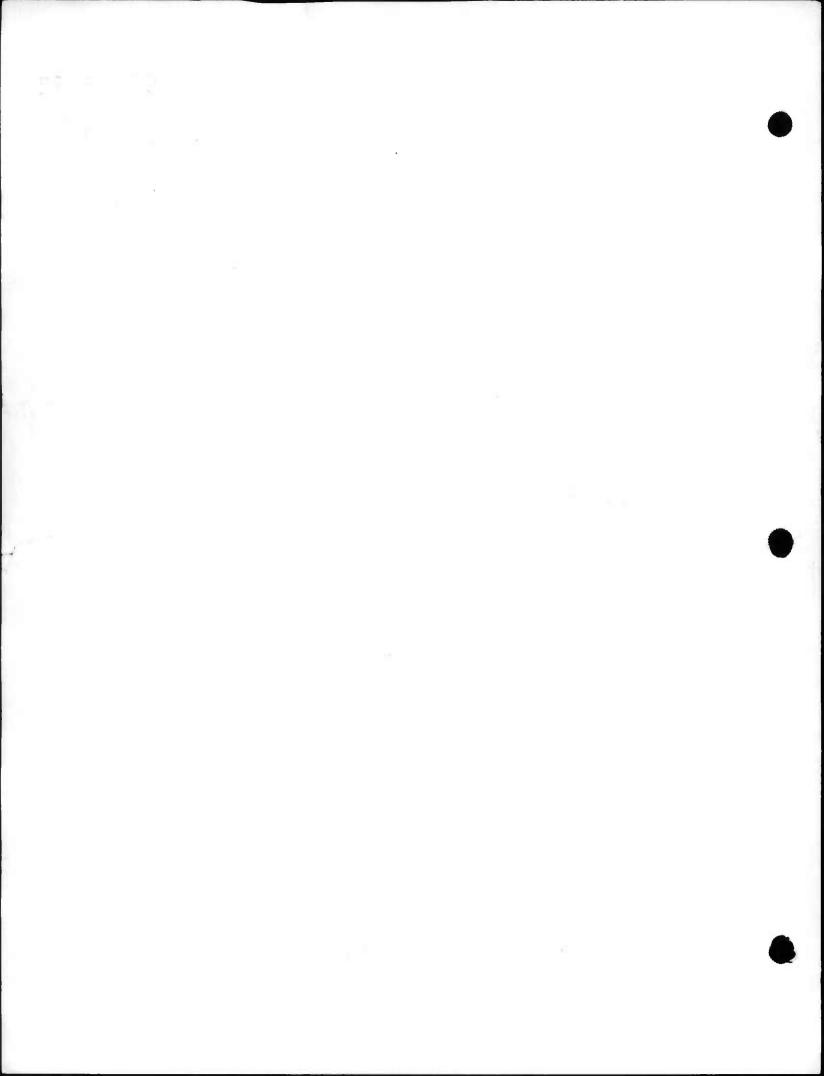
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2:curs after death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	
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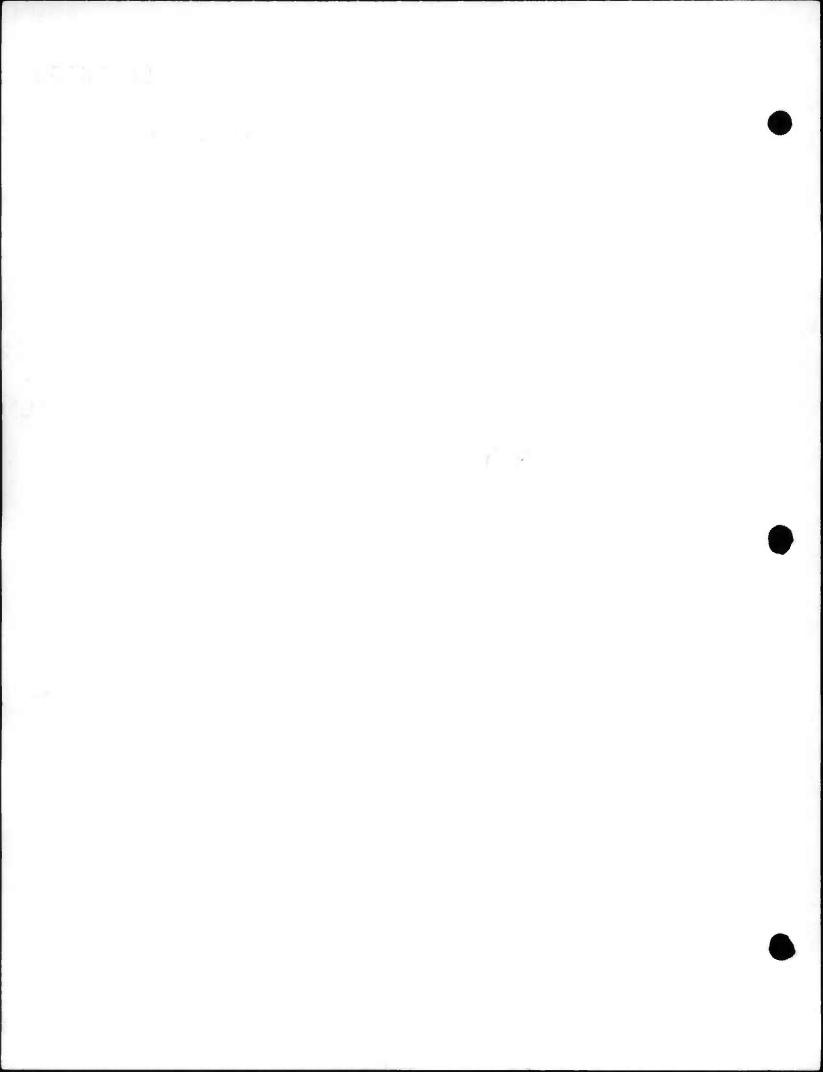
1. DECEDENT'S NAME (First, Middle, Last) CLATRE W SWEENEY 2. ART OF DEATH A. SOCIAL SECURITY NUMBER 3. SEX 4. SOCIAL SECURITY NUMBER 5. SEX 5. AGE (if) yes, lest brithold with working with HOURS with 1. SEX COUNTY OF DEATH 6. AGE (if) yes, lest brithold with HOURS with 1. SEX COUNTY OF DEATH 7. DATE OF BIRTH 6. AGE (if) yes, lest brithold with HOURS with 1. SEX COUNTY OF DEATH 7. STREET AND HUMBER, 7. DATE OF DEATH 8. BIRTHPHACE (Size or Foreign County of DEATH 8. BIRTHPHACE (Size or Foreign County Of DEATH 8. BIRTHPHACE (Size or Foreign County of DEATH 8. BIRTHPHACE (Size or Foreign County Of DEATH 8. BIRTHPHACE (Size or Foreign County Of DEATH 8. BIRTHPHACE (Size or Foreign County Of DEATH 8. BIRTHPHACE (Size or Foreign County Of DEATH 8. BIRTHPHACE (Size or Foreign County Of DEATH 8. BIRTHPHACE (Size or Foreign County Of DEATH 8. BIRTHPHACE (Size or Foreign County Of DEATH 8. BIRTHPHACE (Size or Foreign County Of DEATH 8. BIRTHPHACE (Size or Foreign County Of DEATH 8. BIRTHPHACE (Size or Foreign County Of DEATH 8. BIRTHPHACE (Size or Foreign County Of DEATH 8. BIRTHPHACE (Size or Foreign County Of DEATH 8. BIRTHPHACE (Size or Foreign County Of DEATH 8. BIRTHPHACE (Size or Foreign County Of DEATH 8. BIRTHPHACE (Size or Foreign County Of DEATH 8. BIRTHPHACE (Size or Foreign County Of DEATH 8. BIRTHPHACE (Size or Foreign County Of DEATH 8. BIRTHPHACE (Size or Foreign County Of DEATH 8. BIRTHPHACE (Size or Foreign County Of DEATH 8. BIRTHPHACE (Size or Foreign County Of DEATH 8. BIRTHPHACE (Size or Foreign County Of DEATH 8. BIRTHPACE (Size or Foreign County Of DEATH 9. BIRTHPACE (Size or Foreign County Of DEATH 9. BIRTHPACE (Size or Foreign County Of DEATH 9. BIRTHPACE (Size or Foreign County Of DEATH 9. BIRTHPACE (Size or Foreign County Of DEATH 9. BIRTHPACE (Size or Foreign County Of DEATH 9. BIRTHPACE (Size or Foreign County Of DEATH 9. BIRTHPACE (Size or Foreign County Of DEATH 9. BIRTHPACE (Size or Foreign County Of DEATH 9. BIRTHPACE (Size or Foreign County Of			FOR STATE STATE REGISTRAR	OF MARYLAND / DEPARTM	ENT OF HEALTH AND NATE OF DEATH	MENTAL HYGIENE REG. NO.	90-28861
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		۲	30. NAME AND ADDRESS OF PERSON WHO COMPLET	ED CAUSE OF BEATH (ITEM 27) (Type, Pril	SIWER SPRING	Mo	
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.,1	FOR STATE REGISTRAR	STATE OF N		/ DEPART						HYGIEN REG. NO		90	2886	2	
	N DECEDENT'S NAME (First, Middle, Last) WILLIAM	E. SALOM	ON, JR.						2. DATE OF MONTH	DEATH D	AY /	YEAR 90	3. TIME OF DEATH	м	
	338-02-0208	5. SEX	6. AGE (In yrs. I		IF UNCER	DAYS	IF UNDER	MIN.	7. DATE OF (Month, D Mar.	BIRTH 8, Year)		hica	igo, Illii	-	
	9a. FACILITY NAME (If not institution, give st Holy cro RESIDENCE OF DECEDENT	-	tal				Spr		EATH			gome			
	10a. STATE 10b. COUNTY	MOntgome:	ry	10c. CITY			on Spr	ing					10d. INSIDE CITY LIMITS? 1 1 YES 2 NO	o	
	320 Highview Pla					101.	2090				USA		F WHAT COUNTRY?		
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	ARMED NO	1	WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—if yes, specify Cuban, Maxican, Puarto Rican, atc.) YES 2 23 NO Specify:					n or No—	14. RACE — American Indian, Black, Whita, atc. Specify: White			
	15. DECEDENT'S EDUC (Specify only highest grade Elamentary/Secondary (0-12) 1 1 2	ork done (retired.)	AL OCCUPATION One during most of working and.) 11ector Self Emplo												
	17. FATHER'S NAME (First, Middle, Last) William E			18. MOT		R'S NAME (First, Middle, Meiden Surmerne) anche Oberfelder									
	190. INFORMANT'S NAME (Type/Print) Arine M. Yowell			322 H	ighv	iew	weet and Number or Rural Route Number, City or Town, State, Zip Code) W Place, Silver Spring, Md. 20901 of cemetery, crematory or 20c. LOCATION — City or Town, State								
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	Elent &	Us	w/		1	1800	N.H	I. Av		ilve	r Spr	ing,	Md. 209	_	
	23. PART I. Enter the diseases, or cahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Liet only one cau		ne. Spu	Du	LØ	n a	ly	And Cardio	c or resp	mratory at		Approximate interval Bet Onset and I	ween	
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	OR AS A CONS OR AS A CONS VIGOR	SEQUENCE OF	ocu	la B	uf use	A	car	K dan	W		Tday.	p	
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	27. MANNER OF DEATH Netural 5 Pending investigation Accident 3 Suicide 6 Could not be detarmined		INJURY	26b. TIMI INJ	E OF URY M	26c. iNJ WC	URY AT PRK? YES 2 [261. LOCAT	RIBE HOW	DN (Street and Number or Rural Route Number,				
	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI	ICIAN: To the best of											(s) and menner as sta	ted.	
1	296. SIGNATURE AND TITLE OF CERTIFIES 30. NAME AND ADDRESS OF PERSON WH	a .	SE OF DEATH (TEM 27) (Arres	Print)	4	29c. LIC	ENSE NU	IMBER 3	32	29d. DA	TE SIGNE	(Month, Day, Year)	>	
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	Ave AR'S SIGNATURI	Sto	2	20	5	lve	er	Mag	np.	M	2090	7	
	10/67/08	TD 9, 60		ruha Da	vidsor	Acr	dell								



r.		1 - STATE REGISTRAR	STATE OF N	MARYL					DEAT			REG.	NO.		
		1. DECEDENT'S NAME (First, Middle, Last) ALMA B. SWOPE									MONTH	OF OEATH	DAY	YEAR	3. TIME OF DEATH
())	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE ((In yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.		OF BIRTH		8. BIRTH	IPLACE (State or Foreign
		577-60-2752	1 □ M 2 √ F		90	YRS.	MONTHS	DAYS	HOURS	MIN.		Day, Year 22		Countr	WIO
phone	4	9s. FACILITY NAME (If not institution, give s	treet and number)		,,,		9b. CITY	, TOWN C	R LOCATION	ON OF OE				INTY OF O	
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4 6 physician. burial-transit	FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER I	N U.S. ARM				ENDENT C	F HISPANI			Yes or No-	14. RACE	E — American Indien, k, White, etc.
phys puri	ВУ F	1 Never Merried 2 Merried 3 Widowed 4 Noticed	FORCES? 1 IF YES, GIVE V			,				n, Mexican Specify:		ican, etc.)	Speci	ffy:
203-3146 r attending physician use as the burial-trar	ED B										Low				WHITE
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AND he hospit detached once.	COMPLI	17. FATHER'S NAME (First, Middle, Last)			1110				18. MOT	HER'S NAM			Iden Sumame)	L 00.	KI •
# 8 £	EC	CHARLES	BERK							MARY				STOL	T.
retained 5 should	8	19a. INFORMANT'S NAME (Type/Print)			19b.	MAILING	ADDRES	S (Street e	ind Number	r or Rural R	loute Numb	er, City or	Town, State, Zi		
be rett ge 5 s e not	2	MARY JUNE HIGH	(NIE	CE)	13	3208	TAN	EY D	RIVE	, BEI	LTSV	ILLE	, MARY	LAND	20705
may be		20s. METHOD OF DISPOSITION 1 □ Burlel 2 □ Cremellon 3 □ Ram	ovel from State	-	b. PLACE C	20)		ame of cer	metery, crer	matory or		20c	LOCATION -	City or To	own, Stats
3 g g E		4 Donation 5 Other (Specify)	1	1	PARKI	LAWN		METE				R	OCKVIL	LE, I	MARYLAND
death. Pag death. Pag e funeral di l. examiner		21. SIGNATURE OF FUNERIAL SERVICE LII	ENSES,							SS OF FAC		S FIII	NERAL	HOME	. TNC
		Muchal)	10	End	n										MD 20901
d in by the or removal		23. PART i. Enter the disease, of ahock, or haert feilure.	complications that	t cabso	d tha dea	th. Do	not antai	tha mo	da of dy	ing, suct	sa card	lac or n	espiratory si	reat,	Approximate interval Between
		IMMEDIATE CAUSE (Finel	List only one out	1											Onset and Death
- > = =		disease or condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF):													
ed within ompletel al. crema event,			OUE TO	(OR AS	A CONSEO	UENCE C	PF):		-		en a	1	ois		
be executed siclan and con rior to burial.	No.	Sequentially list conditions,	b. OUE TO	OR AS	A CONSEO	UENCE C	P)	Or 4	150	A CO) = C	×	asco	1	-
De De Or 1	CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING		,											ļ
certificate ding physical sygiene pri	띮	CAUSE (Diseese or injury that initiated events	c. OUE TO	OR AS	A CONSEO	UENCE C	F):								
or of Hygin	ᇤ	resulting in death) LAST	d												
S, P., he death the attent Mental H njury, or		PART II. Other significent condition	e contributing to	daeth i	but not a	eulting	In the u	nderlyin	a course	alven in	Part I	24a WM	S AN AUTOPSY	241	WERE AUTOPSY FINDINGS
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signed Health	MEDI										-	1 🗌 YE	S 2 NO		OF DEATH?
requires been sign t. of Healt											-				1 YES 2 NO
23 ep 8	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL						26. P	LACE OF C	DEATH (Che	eck only on	ю)			
SICIAN: The certificate hit is State D	Sic	EXAMINER?	HOSPITAL:	☐ ER/Out	patient 3	□ DOA	OTHE 4 Nu		no 5 8 8	ssidence	6 🗆 Othe	r (Specify))		
5 9 E	美	27, MANNER OF DEATH	28s. DATE Of	F INJURY Day, Year)		26b. TII	WE OF	28c. IN.	JURY AT ORK?		28d. OES	CRIBE H	OW INJURY O	CUREO	
DING PHYS After this of death with	BY F	Natural 5 Pending 2 Accident investigation	100200				М		YES 2 [□ NO					
0 4 0 4	ED E	3 Suicide 6 Could not be	28e. PLACE (building	OF INJUR	Y — At hor	ne, Isrm,	streel, fed	tory, offic	:0		28f. LOC City	ATION (St or Town, S	reet and Numbi State)	or Rural	Route Number,
OIVISION OR ATTENI DIRECTOR: hours after tem 28 is		4 Homicide determined													
DIV L OR A L DIREC Hours	COMPLET	Oriech oray	ICIAN: To the best o	f my know	wledge, de	ith occur	red at the	lime, date	and place	e, and dus	to the cau	rse(s) and	manner as st	sted.	
HOSPITAL FUNERAL Within 72	8	one) 2 MEDICAL EXAMIN	ER: On the besis of	examinatk	on and/or l	nvestigati	lon, In my	opinion, d	death occu	red at the	lime, data	and plac	e, and dus to	the cause(s) and manner as atated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72	BEC	296. SIGNATURE AND TITLE OF CERTIFIE	R						29c. LIC	ENSE NUN			29d. DA	TE SIGNED	(Month, Day, Year)
TO THE TO THE De filed		001	0-2			A . A	0			380	5-11	٠.	•	10	=-90
	임	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAL	JSE OF D	EATH (ITER			, .	0					4	J. V. L
12		SUN.	lace De	11		E	- 60	ا ما	(2) C	SINC	1816	3	640	~	e Come of an
		31. DATE FILED (Month, Day, Year)	32. REGISTR	20		5									
	Ш	0010990	guh	2 Hav	don	Hand	182								



		FOR STATE REGISTRAR	STATE OF MARYLA		RTMENT OF H		MENTAL HYGIEN REG. NO.		28864
		1. DECEDENT'S NAME (First, Middle, Last)	Elizabeth Wa	ldmann 4	Spreng	mg.	2. DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DATE OF DEATH DATE OF DATE OF DEATH DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE	Y 90 YEAR	3. TIME OF DEATH
(P))	4. SOCIAL SECURITY NUMBER 349-28-2037	1 🗌 M 2 🔀 F	n yrs. last birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) August 9,	1902	Hungary
2, 3 sg	стов	90. FACILITY NAME (if not institution, give str Holy Cross Hospita RESIDENCE OF DECEDENT	_			Spring	EATN	9c. COUNTY OF	omery
Pages 1	DIREC	10a. STATE 10b. COUNTY	ntgomery	2000	ry, town or Locat Silver Sp				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
physician. burial-transit permit.	FUNERAL	3910 Rickover Road	3		101	20902			F WHAT COUNTRY?
	B	11. MARITAL STATUS 1 ☐ Never Married 2 ☐ Married 3 ☆ Widowed 4 ☐ Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DA	2 XNO	If yes, sp	CENDENT OF NISPAN Becity Cuben, Mexica 5 2 NO Specify	HIC ORIGIN? (Specify Yea n, Puerto Rican, etc.) /:	В	ACE — American Indian, leck, White, etc. pecify:White
tal or attending	LETED	15. DECEDENT'S EDUC (Specify only highest grade	College (1-4 or 5+)	(Give kind of life, Do NOT o	S USUAL OCCUPATION work done during mouse retired.)	ost of working	16b. KIND OF BUS	siness/industr	
by the hospital be detached for at once.	COMPL	12 17. FATHER'S NAME (First, Middle, Last) Sandor Sipos	2	Teacr	ner/Owner	18. MOTHER'S NA	ME (First, Middle, Maiden)T
retained 5 should notified	TO BE	190. INFORMANT'S NAME (Type/Print) Thomas A. Waldmann	n J				Route Number, City or Tow .lver Sprin		land 20902
teath. Page 6 may be funeral director, page xaminer must be		20e. METHOD OF DISPOSITION 1	oval from State	other piece)	Memorial	Park	Roc		Maryland
9 7 9		· Will t-	Bour Jo	400672	1 2201				hrey Funeral 1c. 7557 aryland 20814
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n certificate be executed anding physician and con Hyglene prior to buriat, or other traumatic en	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE	so en	>	angle	يدره ۽	54/20021
in the diameter of	MEDICAL O	PART II. Other significant condition	a contributing to death b	ut not resulting	In the underlyin	ng cause given in	Part i. 24a. WAS AN PERFOI	RMED?	24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
N: The life as State De litem 2	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	entient 3 🗆 DOA	OTHER:	LACE OF DEATH (C)	s Cher (Specify)		
DING PHYSICIA After this certif death with the s marked, or	ву рну	27. MANNER OF DEATN 27. MANNER OF DEATN Death Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Street Str	28e. DATE OF INJURY (Month, Day, Year)		M 1	JURY AT ORK? YES 2 NO	28d, DE\$CRIBE HOW	INJURY OCCURE	0
OR ATTENDING DIRECTOR: After hours after death item 28 is ma		3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm	, street, factory, offic	ca	28f. LOCATION (Street City or Town, State	end Number or Ru)	iral Route Number,
로 그 스 트	COMPLETED	one) MEDICAL EXAMINE	CIAN: To the best of my know			death occured at the	time, data and placa, a	nd due to the cau	
TO THE HOSPIT TO THE FUNERA DE filed within 7 IMPORTANT: 1	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIES 30. NAME AND ADDRESS OF PERSON WH	- lies	ATH (ITEM 27) (7/1	pe, Print)	29c. LICENSE NU	REAT E	29d. DATE SIG	NED (Month, Day, Year) - had - 9 ()
10		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	IATURE S		18w	(SCONS	in a	w
		OCT 0 9 '90	gulia Davi	dyan-Novad	an				

ATTL. BE

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	FOR STATE REGISTRAR	STATE OF MARYL				MENT	AL HYGIENI REG. NO.	E	50	2006
	1. DECEDENT'S NAME (First, Middle, Last)	Virginia E	lizabeth	Saul			TE OF DEATH			E OF DEATH
	VIRGINIA			SAUL		Mor	toher	190	RO	745 PM
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. OAT	E OF BIRTH	I g.	BIRTHPLACE	(State or Foreign
)	213 42 8546	1 □ M XXX F	S YRS.	MONTHS DAYS	HOURS MIN.	May	20, 19	CO W	ashing	ton, DC
/	9e. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TOWN	OR LOCATION OF D	EATH		9c. COUNTY	OF DEATH	
1. DECEDENT'S NAME (First, Michie, Last) 1. DECEDENT'S NAME (First, Michie, Last) 1. DECEDENT'S NAME (First, Michie, Last) 2. A SOCIAL SECURITY NUMBER 3. SEX 4. A SOCIAL SECURITY NUMBER 5. SEX 5. ACE (fir yr. first birtholy) 6. CITY, TOWN OR LOCATION OF LOCATION 7. STATE 7. NO. COUNTY 10. CITY, TOWN OR LOCATION OF LOCATION 10. STREET AND NUMBER 4. SOLD YR. STATE 11. MARTAL STATUS 12. MAST DECEDENT VETE IN U.S. AGMED PORCES? 1 YES 2 Z/MO 3. ZMANOWA 4. Divorced 13. WAS DECEDENT VETE IN U.S. AGMED PORCES? 1 YES 2 Z/MO 3. ZMANOWA 4. Divorced 14. Decedent Service (First Service) 15. NAME DECEDENT SERVICE (Spies, Meet 1 YES, GIVE WAR OR DATES 17. FATHER'S NAME (First, Michie, Last) 18. NAME DECEDENT SERVICE (Spies, Meet 1 YES, GIVE WAR OR DATES 19. SERVIND OF DISPOSITION XX Burfal 2 Commission 3 Clarks (Spies) 21. SERVIND OF DISPOSITION XX Burfal 2 COMMISSION SERVICE (LICENSEE 22. SART I. Either the Steekess, or compliced) 23. SART II. Either the Steekess, or compliced one that caused this death. Do not entire the mode of dyling, is immediate cause. Either Underlying 24. Decedent Signal 25. WAS CASE REPERANCE TO MECHAL 26. MARTAL II. Other significant conditions 26. DIVE TO (OR AS A CONSCOURCE OF): 27. PART II. Other significant conditions 28. May Leading to immediate cause. Either Underlying 29. METHOD OF DISPOSITION XX Burfal 2 CASE (First Signal) 20. Accident in deeth) 21. MARTAL STATUS 22. MARK AND ADDRESS (Signal and Mumber or Run 24. Decedent Signal 25. WAS CASE REPERANCE TO MEDICAL 26. MARK AND ADDRESS (Signal and Mumber or Run 27. MANORED Signal 28. MARK AND ADDRESS (Signal and Mumber or Run 29. Martin in deeth) 29. MARK AND ADDRESS (Signal and Mumber or Run 29. MARK AND ADDRESS (Signal and Mumber or Run 29. MARK AND ADDRESS (Signal and Mumber or Run 29. MARK AND ADDRESS OF COMMISS. 20. PLACE OF BRANCH CASE 21. PLACE OF BRANCH CASE 22. MARK AND ADDRESS OF COMMISS. 23. MARK AND ADDRESS OF COMMISS. 24. MARK AND ADDRESS OF COMMISS. 25. MARK AND ADDRESS OF CO		RINI	6	MON	TGOM	DERY				
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重			100.011	,					L	IMITS?
	-	<u></u>						10a, CITIZEN	OF WHAT C	
N.	45	01 Franklin	Street		2089	95			U.S.	
3	11. MARITAL STATUS			13. WAS DE	CENDENT OF HISPA	NIC ORIG	SIN? (Specify Yee	or No- 14.	RACE — Am	ericen Indien,
				If yes, s	cecity Cuben, Mexic	en, Puert lly:	o Rican, atc.)		Black, White Specify:	
									W	hite
Ä	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S	USUAL OCCUPATI work done during m	ON ost of working	1	6b. KIND OF BUS	INESS/INDUS	TRY	
ا ڐ		College (1-4 or 5+)	Me. DO NOT US					Own ho	mo	
N N				11Omemas	-	AME /Eins			ine	
ö		W.	Dudle	ev	Mab			A.		Spates
			_							opucco
임	Dorothy M. Feelem	yer								20895
	20a. METHOD OF DISPOSITION	200	PLACE OF DISPOS	SITION (Name of ce	metery, cremetory or		20c. LO	CATION — City	or Town, Sta	ite
		oval from State	Ceda	r Hill (Cemetery		Sui	tland,	Mary!	land
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	_	22. NAME A	ND ADDRESS OF F	ACILITY	ev Fiine	ral Ho	me	
	rebules	C. Sera	M005:	22 Bethe	sda-Cher	y C	hase, I	nc., 7	5574W	isconsin 3501
	23. PART I. Enter the diseases, or o	complications that caused	the death. Do r						. 1	Approximete
		List only one cause on e	ech line.							Interval Between Onset and Death
		Siamois	& now	ulus-					ļ	5 days
		DE TO (OR AS A	CONSEQUENCE OF	F):						1
N	Sequentielly list conditions.									
Ā	If any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	F):					i	
윤	CAUSE (Disease or injury	C. DUE TO (OR AS A	CONSEQUENCE OF	F):		-			i	
E				,						
	DART II Out on the Manne of the									
M	PAHI II. Other significant condition	s contributing to deeth b	ut not resulting	In the underlyli	ig cause given i	Part I.	PERFOR	MED?	AVAILA	AUTOPSY FINDINGS BLE PRIOR TO
ă	-						1 - YES 2	No	OF DE	ATH?
Σ									101	YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL		_	26.5	ACE OF DEATH /	beck only	one)			
딣	EXAMINER?		intlant 3 🗆 DOA	OTHER:						
H		28e, DATE OF INJURY	28b, TIM	E OF 28c. IN	JURY AT	_	EŞCRIBE HOW II	NJURY OCCUP	RED	
	The second section is	(Month, Day, Year)	IN.							
	A D a state	26a. PLACE OF INJURY	— At home, farm,	street, tectory, offi	ce		OCATION (Street e	and Number or	Rural Route No	umber,
=	4 Homicide detarmined					~	ny or rown, orane,			
P.E.		CIAN: To the best of my know	ledge, death occurr	ed at the time, dat	a and place, and du	e to the	cause(e) end mer	ner ee stated.		
OM	and.	R: On the basic of examination	n end/or investigation	on, in my opinion,	death occured at th	e time, d	ata and place, an	d due to the c	ause(a) and n	nanner as stated.
ш	29b. SIGNATURE AND TITLE OF CENTERIO				29c. LICENSE NU	JMBER		29d. DATE S	IGNED (Month	, Day, Year)
00	Jeanne Toper				0340	32		D 10/	2/90	
임	36. MANE AND ADDRESS OF PERSON WH		ATH (ITEM 27) (Type	, Print)	AVE K		- IN/A Th	ul Min	/	0
	LUBANNE P.	ASNER 372		ROUT	NVE F	CIV.	211/6/0	U FIL	208	75
	OCT 0 4 90	32 REGISTRAR'S SIGN	ATURE Pando DO	_						
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Cours after death. Page 6 may be retained	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should		
after	v the	noval.	
5	P	Te.	:
3	illed ii	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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	•	FOR STATE REGISTRAR		STATE OF I	MARYL			TMENT ICATE				MEN		YGIENI EG. NO.	9	0	28866	
		1. OECEDENT'S NAME (First,		Cather: ne R. S	ine (Cece:	lia S	OUTH		4		M	ATE OF CONTH	DEATH DA		YEAR	3. TIME OF DEATH 11:05 p M	
		4. SOCIAL SECURITY NUMB	ER	5. SEX 1 M 2 F		In yrs. lest	t birthday)	IF UNDER 1	DAYS	IF UNDE	MIN.	7. O/	ATE OF B	IRTH (, Year)	1905	8. BIRTI	HPLACE (State or Foreign	
1		9a. FACILITY NAME (If not in	stitution, give s					9b. CITY,	TOWN 0	R LOCAT	ION OF DE		D • _ 2	. و د د		NTY OF C		
A	CTOR	Memo		Hospit	al			E	ast	ton						Ta	lbot	
	PEG.	10a. STATE	10b. COUNT	Y			10c. CIT	Y, TOWN O	R LOCAT	ION					-		10d. INSIDE CITY	
يتري ا	B.	Maryland	Tal	Lbot				East	on								1 TES 2/12 NO	
	₹	10e. STREET AND NUMBER							101.	. ZIP COD					10g. CITIZEN OF WHAT COUNTRY?			
	FUNERAL	8002 Bloom	field	Road 12. WAS DECEDER	IT FUED II	ulle and	450	T 40 W	#0.D50						U.S			
	B	1 Never Marriad 2 3 Widowed 4 Divo		FORCES?	YES	2 XN		H	yea, spe	ecity Cub		an, Puarto Rican, atc.) Black				E — American Indian, k, Whita, etc. White		
	ETED		EDENT'S EDU y highest grade			(GI	ve kind of	USUAL OC			ing	П	16b. KIN	D OF BUS	INESS/IND	INESS/INDUSTRY		
	٦	Elementery/Secondary (0	1-12)	College (1-4 or 5	+)		<i>Do NOT u</i> fachi	io retirod.) Lon d	acio	nar			£.	achi.	on de	oci o	n	
nce.	COMPL	17. FATHER'S NAME (First, M	liddle, Last)	Τ			Lasii	LOII d	C316		HER'S NA	ME (FI				ssig.		
at once	BEC	Dom	inic		Ran	nacc:	iotti	Ĺ			At	usi	lia		La	zzar	i	
tiffed	TO B	19a. INFORMANT'S NAME (7						ADDRESS								-		
pe no		Nancy Reyb	_		1			100m				Eas	ton,					
must		20a. METHOD OF DISPOSIT 1 △ Burlal 2 □ Crematic 4 □ Donation 5 □ Other	n 3 🗆 Reπ	ioval from Stata	_ 200	other ple	ece)	zen C	emei	tery							Maryland	
examiner must be notified		21. SIGNATURE OF TUNERA	L SERVICE LI	CENSEE	•	26					wilso		PILI				1 Home wn, MD 2174	
		23. PART I. Enter tha d	isaases, or	compligations th	at causa	d tha da	ath. Do										Approximate	
or other traumatic event, the medical	Ì	IMMEDIATE CAUSE (Fir disease or condition_		List shly one ce	W/s	ech line	26 2 1	1101	ho	14	R	vi	21				Interval Between Onset and Death	
event,		reaulting in death)		DUE TO	OR AS	CONSEC	DUENCE/O	F):)		1	0			1		
anmatic	NTION	Sequentially list condit	diate	b. DUE TO	O (OR AS	CONSE	DUENCE O	PARL P:	· Oi	sen	ei hr	M	fu	usu	nie	4		
other tr	ERTIFICATION	cause. Enter UNDERLY CAUSE (Disease or inju- that initieted events resulting in death) LAS	iry	C. OUE TO	OR AS	A CONSEC	OUENCE O	F):										
7, 0	GER			d													i	
shows any injury,	MEDICAL	PART ii. Other algnifice		na contributing t					derlyin	g cause	given in	Part		PERFOR	. /	24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
23 sh	AN:																	
Item		25. WAS CASE REFERRED T	O MEDICAL					OTHER	t :		OEATH (Ch		,,					
5	ICIA	EXAMINER?		HOSPITAL:							to aldean		Other /Sr	A Albania				
	HYSICIA			28a. DATE C	F INJURY	patient 3	28b. TIN	E OF	26c. INJ	NO 5 IF	THE HIGHINGS	_			NJURY OC	CURED		
	PHYSIC	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	Pending Investigation	28a. DATE C		patient 3	28b. TIN	_	26c. INJ	JURY AT	□ NO	_			NJURY OC	CURED		
28 is marked,	ED BY PHYSIC	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5 Accident		28a. DATE 0 (Month,	F INJURY Day, Year)	Y — At ho	28b. TIA	IE OF JURY M	28c. INJ WC 1	JURY AT ORK? YES 2		26d.	LOCATIO	BE HOW I	and Numbe		Route Number,	
28 is marked,	ED BY PHYSIC	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5 Accident 3 Suicide 6 4 Homicida 29a. CERTIFIER (Check only)	Investigation Could not be detarmined	28a. DATE O (Month, 26a. PLACE building	F INJURY Day, Year) OF INJURY J, atc. (Spe	Y — At ho	28b. TIN	IE OF JURY M atreet, fact	28c. INJ WC 1 -	JURY AT DRK? YES 2	□ NO	26d.	LOCATIO	DN (Street own, State)	and Numbe	or or Rural	Route Number, (a) and manner as stated.	
Is marked,	D BY PHYSIC	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5 Accident 3 Suicide 6 4 Homicida 29a. CERTIFIER (Check only)	Investigation Could not be detarmined TIFYING PHYS HICAL EXAMIN	26a. PLACE building SICIAN: To the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of	F INJURY Dey, Year) OF INJURY OF INJURY I, atc. (Spe of my know	Y — At ho	28b. Tih IN.	atreet, fact	28c. INJ WC 1 -	JURY AT DRK? YES 2 a and placed death occ	□ NO	28f.	LOCATIO	DN (Street own, State)	and Numbe	er or Rural sted.		

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1 - FOR STATE REGISTRAR

)		1. OECEDENT'S NAME (First, Middle, Lage) ES	TERINA M. 8	ALATTO	Ho		2. DATE OF DEATH MONTH D		3. TIME OF OEATH O 2-28 M
(P)	4. SOCIAL SECURITY NUMBER 215-46-2571	5. SEX 6. AGE (In yrs. last birthday)	# UNDER 1 YEAR MONTHS DAYS	#F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
-		9a. FACILITY NAME (If not Institution, give str		1	96. CITY, TOWN C	R LOCATION OF DE LYET SPT]	5-16-0	9c. COUNTY	Italy OF DEATH
23	TOR	HOLY CYOSS	Hospitul		1500	Forest	grennRd	1 Mc	Mtgomery
physician. burial-transit permit. Pages 1,	DIRECTO	10a. STATE 10b. COUNTY	nt	10c, CI	TY, TOWN OR LOCAT	Clin	SP		10d, INSIDE CITY LIMITS? 1 YES 2 NO
permit	3AL	10e. STREET AND NUMBER		i i		ZIP CODE		tog. CITIZEN	OF WHAT COUNTRY?
cian. Ftransil	FUNERAL	2925 Terro	12. WAS DECEDENT EVER I	U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	C ORIGIN? (Specify Ye	a or No.— 14.	RACE — American Indian,
	ВҰ	1 Never Merried 22 Special X 3 Wildowed 4 Divorced	FORCES? 1 YES			ecity Cuban, Mexican 25EXNO Specify:			Specify: White
by the hospital or attending be detached for use as the at once.	TED	15, DECEDENT'S EDUC (Specify only highest grade of	completed)		S USUAL OCCUPATION work done during mouse retired.)		t6b. KIND OF BU	SINESS/INDUST	RY
hed for	COMPLET	Elementery/Secondary (0-12) 1-12	College (1-4 or 5+) N/A		Housewi	fe	Ow	m home	
the hose detach	SO	17. FATHER'S NAME (First, Middle, Last)				23 - 10 W.	AE (First, Middle, Maiden	4000001	
	BE	Ele	terio Aquil:		G ADDRESS (Street e		etta DeMis		de)
be retained t ge 5 should e notified	유	Frank J. Salatto	, Jr.				Rockville,		20850
leath. Page 6 may be funeral director, page xaminer must be		2017 METHOD OF DISPOSITION 1 Disposition 3 Remo	val from State	other place)	OSITION (Name of cer			OCATION — City	
Page 6 Il direct		4 Donation 5 Other (Specify) 21. SIGNATUME OF UNERAL SERVICE LIC	Heer	Fort		ND ADDRESS OF FAC	ILITY	ntwood	, Ma.
a = a		Merhay	Ama	M.			i Funeral ve Silve		ng, Md. 20904
filled in by on. or remo		23. PART I. Enter the diseases shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition							
ate be executed sysician and comprise to burial.	CERTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUEJTO (OR AS A	CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE	PA:	Fralure	_		
death certificate attending phental Hygiene	E	resulting in death) LAST	l						
signed by Health and Ws any I	MEDICAL (PART II. Other significant condition	a contributing to death t	out not resulting	in the underlyIn	g cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
law lept 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (Che	ick only one)		
ician: The ertificate h the State I	rsic	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Xinpatient 2 ER/Out	patient 3 🗆 DOA	OTHER: 4 - Nursing Hor	ne 5 🗆 Residence	6 Other (Specify)		
ATTENDING PHYSICIAN: The ECTOR: After this certificate his after death with the State D 28 is marked, or item	ву РН	27. MANNER OF DEATH 1 Kentural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)		M 1 □	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW		
OR ATTENDING DIRECTOR: After hours after death	0	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, atc. (Spe	f — Al home, farm	, street, factory, offic	:•	281. LOCATION (Street City or Town, State		Rural Route Number,
ZZZ=	COMPLET	(Creck only	CIAN: To the best of my known R: On the beste of examination	16 1	CA.				ause(a) and manner as stated.
TO THE HOSPI TO THE FUNER be filed within IMPORTANT:	8	29b. SIGNATURE AND TITLE OF CERTIFIER	GOOZH	VILL	h	DID 495	IBER	29d. DATE SI	IGNED (Month, Day, Year)
10	0	30. NAME AND ADDRESS OF PERSON WHO	OI KANDOU	M KD	Print ROC	iw.lle	MD 20)8×L	
		31. DATE FILED (MONT) PRY, YOUT) 90	32. REGISTRAR'S SIGN	widson Ra	ndell				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

90 28867

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)
OCT 01 '90

REGISTRAR				JER HEI	CATE	OF DEA	TH		REG. NO.					
1. DECEDENT'S NAME (First,	Middle, Last)				071111			2. DATE	OF DEATH			3. TIME	OF DEATH	ı
	eatha	T	c.		tickl				. 28,	1990		8:05		M
4. SOCIAL SECURITY NUMB 066-20-4558		5. SEX 1	6. AGE (In yrs	last birthday)	MONTHS D	YEAR IF UNDE	MIN.	7. DATE ((Month	OF BIRTH , Day, Year) 7 18,19	903	Count	HPLACE (SI higar		eign
9a. FACILITY NAME (If not in		reet and number)			9b. CITY, TO	OWN OR LOCAT	ION OF DE			9c. COU				
Rockville	Nursi	ng Home			Ro	ckvill	e			Mor	tgo	mery		
RESIDENCE OF DEC	10b, COUNTY			40.000	TOWN OR									
Maryland		omery			,	ersbur	g					10d. INSI LIMI 1 TYE	TS?	10
10e. STREET AND NUMBER						10f. ZIP COD	DE			10g. CITI	ZEN OF	WHAT COU	NTRY?	
19844 C	hesley	Knoll D	rive			20	879			Unit	ed :	State	es	
11. MARITAL STATUS		12. WAS DECEDENT FORCES? 1				S DECENDENT ea, specify Cub				or No-	14, RAC Blac	E — Ameri k, White, a	can Indle tc.	n,
1 Never Married 2 3 Wildowed 4 Divo		IF YES, GIVE W				YES 24 NO			,	- 1	Spec			
	EDENT'S EDUC y highest grade		55.77	DECEDENT'S	ork done dur	UPATION ing most of work	ing	16b.	KIND OF BUS	INESS/INC	USTRY			
Elementary/Secondary (0)-12)	College (1-4 or 5+	·)	iits. Do NOT usi Homema	- 1				Own I	Home				
17. FATHER'S NAME (First, M Wort	liddle, Last)					1a. MO			Middle, Maiden					
19a. INFORMANT'S NAME (1						Street and Number							379	_
Jean S. Pa						ley Kn		Drive					ylan.	d
20s. METHOD OF DISPOSIT 1 Buriet 2 Crematic 4 Donation 5 Other	on 3 🗆 Reme	oval from State	other	nlace)		of cometery, creemetery						own, Stata rgini	ia	
21. SIGNATURE OF FUNERA	L SERVICE LIC		MOO3	181	22. NA	ME AND ADDR	ESS OF FA	CILITYRO	bert i	A. Pi	mph	rev l	une	ral
Darbara	gomo	mullen	Laure	nce	HOII	e/Rock	ATTT	e. II	1c. 300) Wes	208	ontgo	omer	Y
23. PART I. Enter the d shock, or h		complications that			ot antar th	a moda of d	ying, suc	h ss card	disc or respi	ratory an	rest,		proxima arval Be	
IMMEDIATE CAUSE (Fit disease or condition	nal		2	-				4				Ог	set and	Death
reaulting in dasth)	→	a. DUE TO	(OR AS A CON	SEOUENCE OF	3	eu			-					
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Sequantially list condit if any, laading to imme	diata	DUE TO	(OR AS A CON	SEOUENCE OF	حزر									
cause. Entar UNDERLY CAUSE (Disease or Inic														
	ary T	c	OR AS A CON	SECUENCE OF	n.							-		
that initiated events resulting in death) LAS		DUE TO	(OR AS A CON	SEOUENCE OF	·):									
that initiated events	вт	d				arlying cause	given in	Part I.	24a. WAS AN		24	b. WERE AL		
that initiated events resulting in death) LAS	вт	d				arlying cause	given in	Part I.	PERFOR	MED?	24	COMPLE	E PRIOR	ro
that initiated events resulting in death) LAS	вт	d				arlying Cause	given in	Part I.		MED?	24	COMPLE OF DEAT	E PRIOR	TO AUSE
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that initiated events resulting in death) LAS	ant condition	da contributing to			n tha undo	arlying cause			PERFOR	MED?	24	COMPLE OF DEAT	LE PRIOR TION OF C H?	TO AUSE
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32. REGISTRAR'S SIGNATURE
Julia Davidson-Aandoll

DELAR DU

TO BE COMPLETED BY FUNERAL DIRECTOR

buri	afic
or to	MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic
physic le pri	er tr
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The a	E
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F F W	RTA
	D THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and o e fled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burk

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR		SIAIE UF F		ERTIF					REG	ILNE i. NO.	-	0	20003
1. OECEOENT'S NAME (First,	Middle, Last)								2. DATE OF DEA	TH			3. TIME OF DEATH
		Mary	Hayder	n Sul	livar	1			Septemb	pay per 2	27.1	990	10:00 pm
4. SOCIAL SECURITY NUMB	ĒR	5. SEX	6. AGE (In yrs. le		IF UNDER	1 YEAR	IF UNDER		7. DATE OF BIRT	TH		B. BIRTHP	PLACE (State or Foreign
428-10-359	7	1 🗆 M 2 🛣 F	87	YRS.	MONTHS	DAYS	HOURS	MIN.	August	1903	3	Country,	rginia
9e. FACILITY NAME (If not ins		treet and number)	[4]		9b. CITY	. TOWN O	R LOCATIO	ON OF DE	ATH			TY OF DE	
Potomac Va	llev 1	Nursing H	Iome			Ro	oukvi	ille			Mo	ntao	mery
RESIDENCE OF DEC	EDENT	d										- 14	
10e. STATE	10b. COUNTY			10c. CIT	TY, TOWN C	OR LOCATI	ION						10d. INSIDE CITY LIMITS?
Maryland		Montgome	ery				ethes						1 - YES 2 XNO
10e. STREET AND NUMBER						101.	ZIP CODE			10	og. CITIZI	EN OF W	HAT COUNTRY?
5005 Alta	Vista	Road 12. WAS DECEDEN						208.					States
1 Never Merried 2	Merried	FORCES? 1	YES 2		- 20	If yes, spe	city Cube	n, Mexicar	IC ORIGIN? (Spec n, Puerto Rican, e	ity Yee or I	No- 1		Americen Indien, White, etc.
3 🖔 Widowed 4 🗌 Divor	rced	IF YES, GIVE V	WAR OR DATES			1 YES	2 XX NO	Specify	1			Specify	w White
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(Specify only Elementary/Secondery (8-	highest grade	College (1-4 or 5	+)	(Give kind of te. Do NOT u	work done	during mos	it of workin	g					
12				M	anage	er				Ва	anki:	ng	
17, FATHER'S NAME (First, Mi	ddle, Last)						18. MOTE	IER'S NA	ME (First, Middle, I	Asiden Surr	name)		
	George	e R. Hayo	len				5	Saral	h / Not	Avai	llab.	le	
19e. INFORMANT'S NAME (7)	rpe/Print)		1	19b. MAILING	G ADDRESS	S (Street er	nd Number	or Rural R	Route Number, City	or Town, St	itate, Zip (Code)	
Patric	ia Hei	nderson		5005	Alta	Vist	ta Ro	oad I	Bethesda	a, Ma	aryl	and	20814
20a METHOD OF DISPOSITE		oval from State	20b. PLAC	E OF DISPO	SITION (Na	ime of cerr	netery, cren	natory or	2	Oc. LOCATI	ION - C	ify or Tow	vn, State
4 Donetion 5 Dother				te of						Silve	er S	prin	g,Maryland
21. SIGNATURE OF FUNERAL	L SERVICE LIC	CENSEE			22. Ro	name an	D ADDRE	Pump	ohrey Fi	ınera	al H	ome/	Wisconsin
1 /)	()-	Karly	1	M0033	Be	ethes	sda-(Chevi	y Chase	, Inc	7.	557	Wisconsin
23. PART i. Enter the di	seases, or	omplications the	it ceused the d	death. Do									Approximate
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resulting in death)	,	DUE TO	(OR AS A CONS	EQUENCE C	DF):					0			- Croys
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Sequentially list conditi if any, leading to immed		DUE TO	(OR AS A CONS	EOUENCE C	OF):						J		
csuse. Enter UNDERLYi CAUSE (Disease or inju		C											
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PART II. Other aignifica	nt condition	a contributing to	death but not	t resulting	in the U	ndertylng	cause	given in		WAS AN AUT		24b.	WERE AUTOPSY FINDINGS
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Cigaret	te Sa	noKin"		1/					_ ' '				OF DEATH? 1 YES 2 NO
- 30-00		J		V				_	_				
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EXAMINER?		HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHE ALL NU		• 5 🗆 Re	sidence	6 Other (Speci	(f _V)			
27. MANNER OF DEATH		28e. DATE Of		28b. TH	_	28c. INJ	URY AT		28d. DESCRIBE	·-	JRY OCC	URED	
	Pending Investigation	(MOTALI), I	Day, Year)	"	M		RK7 res 2] NO					
2 Calcida	Could not ba		OF INJURY — At I	home, farm,	street, fac	tory, office	•		28f. LOCATION City or Town		Number o	or Rural A	oute Number,
	determined	Donaing	, vac. (opoony)						Only or lown	, State)			
290. CERTIFIER	FYING PHYS	ICIAN: To the best of	f my knowledge,	death occur	red at the	time, date	end place	, end due	to the ceuse(e) e	nd menner	r as state	id.	
CONSCR DITY) end menner ee stated.
29b. SIGNATURE AND TITLE	OF CERTIFIE	R	- 17		_		29c. LIC	ENSE NUN	MBER	20	9d. DATE	SIGNED	(Mongh, Day, Year)
1/2-1	YI	Tomas	da	MI	1		0	21	115		9	/28	190
30. NAME AND ADDRESS OF	PERSON WI	10, COMPLETED CAL	ISE OF DEATH (IT	TENL 27) (Tvo	e, Print)			an "	., -		2	1	/ ! -
5602 5	Shie	lds D	Rive.	Bet	hes	la,	MO	,20	817. L	ee/	K. 1.	enn	ington, M.D.
31. DATE FILED (Month, Day,	90		AR'S SIGNATURE										0

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hoss TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	hos	ache	9
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To the hospital or attending physics the funeral director: After this be filed within 72 hours after death with IMPORTANT: If Item 28 is marked	SICIA	Corti	, o
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	10	0	WP

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1. DECEDENT'S NAME (First, Middle, Li						2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH			
William	S. Smi					Septemb	er 2		90 11:43A			
4. SOCIAL SECURITY NUMBER	10.00	AGE (In yrs. les		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN,	7. DATE OF BIRTH June 10	10	8. BIRTH	Maryland			
579-12-2670	1√2 M 2 □ F	75	YRS.				_					
9a. FACILITY NAME (If not institution, gi			_		R LOCATION OF DI	EATH	9c. CO	UNTY OF DE	EATH			
Montgomery	<u>General H</u>	ospita	al	01n	9 y		Montgomery					
10a. STATE 10b. COU	NTY		10c. CIT	Y, TOWN OR LOCAT	ION			10d. INSIDE CITY				
Maryland I	Montgomery	7		Silver	Spring	3			LIMITS? 1 YES 2 NO			
10e. STREET AND NUMBER				101	ZIP CODE		10g. Cl	TIZEN OF W	HAT COUNTRY?			
1127 E. Rando	lph Road				2090	4		USA				
11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. AR	MED			NIC ORIGIN? (Specify	Yea or No-	14. RACE	— American Indian, , White, etc.			
1 Never Married 2 Married	FORCES? 1 [io		2 NO Specific	in, Puarto Rican, atc.) y:		Specifi				
3 Widowed 4 Divorced								<u> </u>				
15. DECEDENT'S (Specify only highest g	DUCATION ade completed)	18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) None						DUSTRY				
Elementary/Secondary (0-12) 9th	College (1-4 or 5+)	• (1-4 or 5+) life. Do NOT use retired.) Farmer										
17, FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NAME (First, Middle, Maide										
William H. S						ohns						
19a, INFORMANT'S NAME (Type/Print)		19	b. MAIL INC	ADDRESS (Street a	nd Number or Burel	Town State 2	Zin Code)	20004				
Lillie E. Sm	ith (Wife)					Rd., Sil			ng, 20904			
20a, METHOD OF DISPOSITION 1 Description Method Burial 2 Cremation 3 5		20b, PLACE	OF DISPO	SITION (Name of cer	netery, crematory or	20c.	LOCATION -	- City or To	wn, State			
1 X Burial 2 Cremation 3 E 6	amoval from State	other place) Nat'l Memorial Park						1, M	ID			
21 MIGNATURE OF FUNERAL SERVICE	LICENSEE	E 22. NAME AND ADDRESS OF FACILITY										
(DI NO K	1/4.	Snowden Funeral Hor										
22 DADT I Enter the diseases	or complications that	Rockville, MD 2085							Approximate			
23. PART I. Enter the diseases, or complications that caused the deeth. DD npt enter the mode of dying, such as cerdisc or respiratory strest, shock, or heart feliure. Ust pnly pne ceuse on sach line. IMMEDIATE CAUSE Finel CARDIO-VASCULAR FAILURE												
IMMEDIATE CAUSE (Finel disease or condition		-				1 1 10 5			Onset and Desti			
resulting in death)	a. CARPIO				FAIL	1/1C						
DUE TO (OR AS A CONSEQUENCE OF): ACUTE MY OCARDIAL INFARCTION												
Sequentially list conditions, if any, lasding to immediate	ARTER	R ASCE POWSE	outher (भार E	FADT	DICE			60MIN			
cause. Enter UNDERLYING	ARTER	10 90	LER	OTIL	14511	T DISE	ASE					
CAUSE (Disease or injury that initiated eventa	DUE TO (O	R AS A CONSE	QUENCE C	OF):	,							
resulting in death) LAST	d											
PART II. Other significent cond	tions contributing to d	eeth but not	resulting	in the underlyin	n ceuse alven in	Part I 24a Was	AN AUTOPS	V 24h	. WERE AUTOPSY FINDINGS			
			11.	1	STATE	PER	FORMED?	.	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
ADENO-CARCI	NOMA OF TH	HE PRO	STA	TE.	211114	1 🗆 YES	2 1 NO		OF DEATH?			
						_			1 YES 2 NO			
				24.0	LACE OF DEATH (C	test anti-pasi						
25 WAS CASE DEFENDED TO MEDICA	HOSPITAL:			OTHER:								
25. WAS CASE REFERRED TO MEDICAL EXAMINER?						8 Other (Specify)	W INJURY C	CCURED				
	27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED INJURY											
EXAMINER? 1 M YES 2 NO 27. MANNER OF DEATH 1 M Netural 5 Pending	(Month, Day,	2 Accident Investigation M 1 YES 2 NO										
EXAMINER? 1 MYS 2 NO 27. MANNER OF DEATH 1 MN Netural 5 Pending 2 Accident investigate	(Month, Day,	INJURY — At h	ome, farm,	street, factory, offic				281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)				
EXAMINER? 1 M YES 2 NO 27. MANNER OF DEATH 1 M Netural 5 Pending	on 28a. PLACE OF building, et	INJURY — At he	ome, farm,		:0			ber or Rural I	Route Number,			

296 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

Maylath M.D. 50 W. Edmonston Drive, Rockville, Md #20850

32. REGISTRAR'S SIGNATURE
Juna Davidson Randall 31. DATE FILED (MODEL) DOLY YEAR) 190

97222_00

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

			1 - STATE REGISTRAR	VIII VI III		CERTIF	ICATE OF	DEATH		REG. NO.			
			1. DECEDENT'S NAME (First, Middle, Last)						2. DATE C	F DEATH DA	v	YEAR 3.	TIME OF DEATH
	וח		VIRGINIA K	EELEY SMIT	'H					/24/		TEAR	8:45 AM
- (<i>)</i> 1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In y	rs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	F BIRTH Day, Year)		8. BIRTHPLA Country)	ACE (State or Foreign
			579-28-2510	1 🗆 M 2 🖵 🗐	77	YRS.	MONTHS DAYS	HOURS MIN.		/19/1	13 6		IGTON, D.C.
	should	1/4	9e. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOWN	OR LOCATION OF DE		, ,		TY OF DEAT	
	2, 3 s	e e	Montgomery Gen	eral Hos	spita	a 1	Olne	37			Mon	tgome	227
		5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT				Y, TOWN OR LOCA						d. INSIDE CITY
	Pages	DIRECTOR											LIMITS?
	permit.		MARYLAND MONTO	OMERY			VER SPRI	NG t. ZIP CODE			10a, CITIZ		T COUNTRY?
	sk pe	ERAL	LA SAME AND AND AND ADDRESS OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF	ATTENTION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T				20006					
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3146 ing physician.	buria		1 Never Merried 2 Merried	FORCES? 1 (ecify Cuben, Mexica 2 NO Specifi		cen, etc.)		Bleck, W Specify:	hite, etc.
ding di	the the	BY	3 Widowed 4 Divorced						•			WHITE	1
ZU3-31 or attending	Se as	9	15. DECEDENT'S EDI (Specify only highest grad	UCATION le completed)	18	e. DECEDENT'S	Work done during muse retired.)	ON ost of working	16b.	KIND OF BUS	SINESS/IND	USTRY	
	for u		Elamentary/Secondary (0-12)	College (1-4 or 5+)		ilfe. Do NOT u	ise retired.)						
AND Z	detached once.	COMPL	10		Ls	TAFF A	SSISTANT			'EDERA		ERNME	NT
		8	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	AME (First, M.	iddle, Maiden	Surname)		
	od be	B	JOHN FRANCIS KEEL	FY SR		1		JENNIE					
	5 should notified	2	19e. INFORMANT'S NAME (Type/Print)					end Number or Rural					
2	page 5		JOHN A SMITH 200. METHOD OF DISPOSITION	(HUSBAND)	205 81			CRE COURT	STLV			MARYI City or Town,	AND 20906
6 may	ector, p		1 X Buriel 2 Cremetion 3 Rai	noval from State	of	ther place)		metery, crematory or					
Page 6			4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE	1 GAT	F OF H		NO ADDRESS OF FA	ACILITY	_LSIL	VER_S	SPRING	MARYLAND
death. F	tuneral di examiner		1/1/	.011	4		FRANC	CIS J. CO	LLINS	FUNE	RAL F	HOME,	INC.
after de			Statt	C. 800	ries	2_	500 III	ITVERSITY	RLVI	W.	STL. S	PR N	
10	red redic		23 PART I. Entar tha diaeases, or shock, or heart fallura	complications that	caused ti se on aaci	ha death. Do h lina.	not anter tha m	oda of dying, suc	ch aa cardi	ac or reapl	ratory arr	eat,	Approximata Interval Between
		9	MMEDIATE CAUSE (Final disease or condition	SCHOOL STATE OF STATE OF			1	, ,					Onset and Daath
thin	>===		resulting in death)	a. adci	rocu	ONSEQUENCE O	ne of	breast					10mo
3140, ecuted wi	P - 2			DOE TO	(OH AS A CI	DMSEDUENCE (JF):						
13145, executed within	sician and c nor to buri traumatic	CERTIFICATION	Sequentially list conditions,	b. DUE TO	OR AS A C	ONSEQUENCE (DF):						
X 2	nior t	¥	If any, leading to immediate cause. Enter UNDERLYING	_									
Certificate	ng phy giene p	F	CAUSE (Disease or injury that initiated events	OUE TO	OR AS A C	ONSEQUENCE (OF):						
j ž	Hygi Or O	F	resulting In death) LAST	d									
death .	Aenta Jury,		PART II. Other significant condition	ons contributing to	death hut	not resulting	in the underlyis	ng cause given in	Part I	24a, WAS AN	AUTOPSY	24h W	ERE AUTOPSY FINOINGS
HDS that the	ed by the att th and Menta any injury,	CAL	metro fami fol							PERFOR	RMED?	A	MAILABLE PRIOR TO OMPLETION OF CAUSE
2 0	C =	ᅙᅵ	1. 1. 1.	- Wasia	66	10 00	Harman	i itt		1 TYES 2	NO		F DEATH?
NEGUIE C	been sign of, of Hea shows	. ME	colan discore o pression fractive 25 MAS CASE REFERRED TO MEDICAL	- Phi	4-1	1. 1.	the proof	is write es	1			'	YES 2 NO
<u>8</u>	Depl 23	AN	25. WAS CASE REFERRED TO MEDICAL	res Resma	VI I	injan.	28.1	LAGE OF DEATH O	heck only on	n)			
OF VITAL PHYSICIAN: The	State	PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:	FB/Outpati	ent 3 🗆 DOA	OTHER:	me 5 🗆 Residence					
F <	the the	Η¥	27, MANNER OF DEATH	28e. DATE OF	INJURY	28b. TI	ME OF 28c. IN	JURY AT	_	CRIBE HOW I	NJURY OC	CURED	
	this with	-	1 Netural 5 Pending	(Month, De	ay, Year)	11		YES 2 NO					
/ISION ATTENDING	t: After r death is ma	ВУ	2 Accident Investigation 3 Suicide 8 Could not b	28e. PLACE O	F INJURY -	At home, ferm,	, atreet, fectory, off	lce	281. LOC/	ATION (Street	and Number	or Rural Rou	te Number,
SI SI	after 28 i	TED	4 Homicide determined	building,	etc. (Specify)			City	or Town, State;)		
DIVISION DR ATTENDING	DIREC	COMPLET	290. CERTIFIER 1. OF CERTIFYING PHY	SICIAN: To the best of	my knowled	loe, death occur	rred at the time, dai	te end piece, end du	e to the cau	se(s) end me	nner as stat	ed.	
JAT		MP	cone)	NER: On the basie of ex									nd menner ee stated.
HOSPITAL	Within	_	29b. SIGNATURE AND TITLE OF CERTIF	IER				29c. LICENSE NU	JMBER		29d. DAT	E SIGNED (M	fonth, Day, Year)
THE THE	fled POR	BE	Donald E. Di		ח			0138			•	24 8	Sent 90
9	₽ 2 €	2	30. NAME AND ADDRESS OF PERSON V	VHO COMPLETED CAUS					•			-,	
10			D.E. Dillon, mi	0 01	reg, H	nd 2	0832.						
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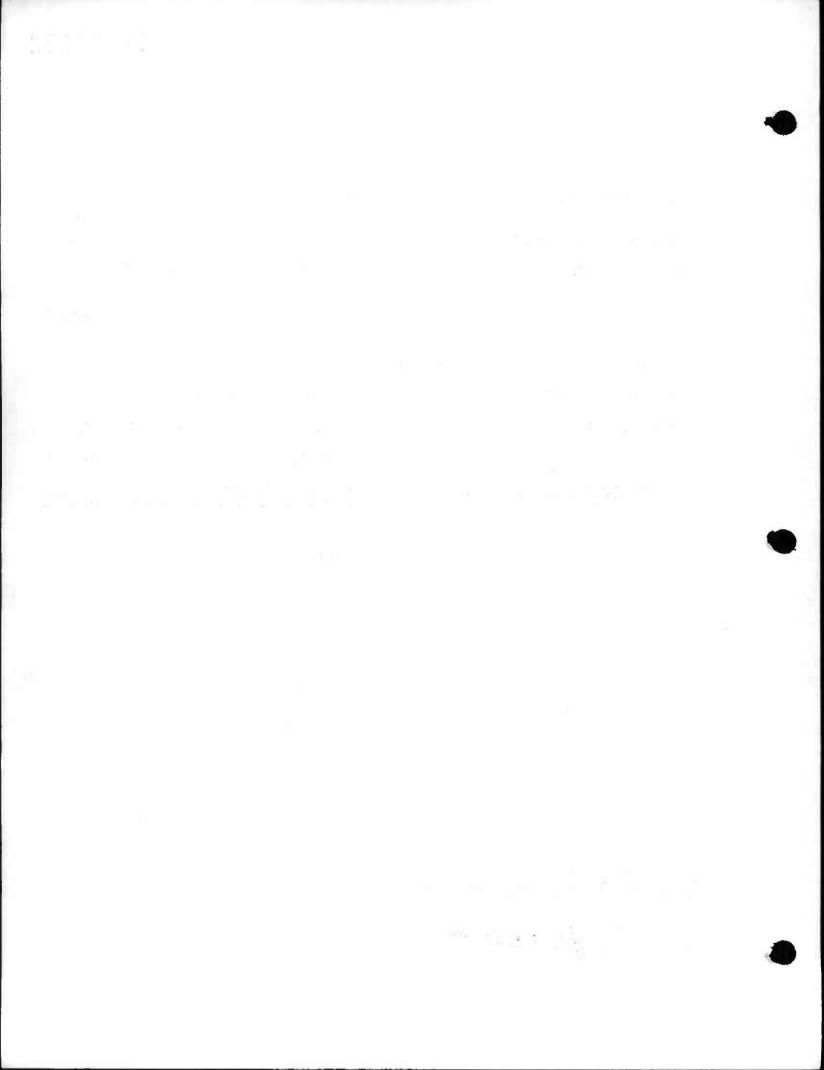
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	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within A. Turs after death, if	FRAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral
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DIVISION OF VITAL RECORDS, P.O. BOA 13146,	NING	After
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MICHAEL E. PE 31. DATE FILEO (Month, Dey, Year) OCT 1 1 1990

M.D. - ST. A.

		FOR 1 - STATE REGISTRAR	STATE OF MAR					EALTH A		TAL HYGIEN				
in I		1. DECEDENT'S NAME (First, Middle, Last)								TE OF DEATH			TIME OF DEATH	
		KATHERINE V	O) (T m) ;						110	O 8		YEAR	359	M
	1	4. SOCIAL SECURITY NUMBER	5. SEX SMITH	GE (In yrs. les	t birthday)	IF UNDER 1 Y	YEAR	IF UNDER 24	HRS. 7. DA	TE OF BIRTH		. BIRTHPLA	MCE (State or Foreign	_
	- 1	214-03-4797	1 🗌 M 2 🖫 F	81	YRS.	MONTHS	DAYS	HOURS 1	MIN. (M	onth, Day, Year)		Balt	imore	
1		9a. FACILITY NAME (if not institution, give stre	et and number)	01		9b. CITY, T	OWN C	R LOCATION	OF DEATH	03 (9c. COUN1	Y OF OEAT		_
3	Œ	St. Agnes Hospita	1			Balti	imo	re Cit	tv					
1	CTOR	RESIDENCE OF DECEDENT							-)		<u> </u>			_
8	DIREC	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR	LOCAT	ION				100	d. INSIDE CITY LIMITS?	
- 6C	5	Maryland Anne	Arunde1		G16	en Bur	cni	e				1 (YES 2 NO	
E	AL	10e. STREET AND NUMBER					101	. ZIP CODE			tog. CITIZ	EN OF WHAT	T COUNTRY?	
ing physician. the burial-transit permit. Pages	FUNERAL	359 Fleagle Rd.						21061			U.S.	Α.		
siciar ial-tra	5	Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Contro	12. WAS DECEDENT EVE FORCES? 1 7							GIN? (Specify Yerto Ricen, atc.)	e or No—	4. RACE — Black, W	American Indian,	П
bur bur	ВУ	1 Never Merried 2 Merried 3 Wildowed 4 Olvorced	IF YES, GIVE WAR O					2X NO		to ricen, acc.,		Specify:		
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ed by	H	Thomas Edward Sam	tord	180						Geisle				
be retained by the hospital or attending physician. ge 5 should be detached for use as the burial-tran e notified at once.	6	190. INFORMANT'S NAME (Type/Print)		100						lumber, City or To			1041	
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death. Pag tuneral di f. examiner	1	21. SIGNATORED TOTAL	7						neral	Home				
urs after d in by the or remova medical		23. PART I. Enter the diseases, or co shock, or heart fellure. LI IMMEDIATE CAUSE (Final					_						MD 2106 Approximate Interval Betwee Onset and Dec	en
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executed within and completely to burlal, cremat matic event,	N N	Sequentially list conditions, b.	Probable				Te:	X 						
	RTIFICATION	If eny, leading to immediate	OUE TO (OR /	AS A CONSE	OUENCE O	F):								
	5	CAUSE (Disease or Injury	DUE TO (OR A	S A CONSE	DIENCE O	E)·								
certifica ling phy ygiene other	Ē	thet initiated events resulting in death) LAST	DUE 10 (OK)	AS A CONSE	DOENCE O	r).							į –	
death certificate be attending physiciar ental Hygiene prior iry, or other trau	CEF	d.											+	_
t the death certificat by the attending phy nd Mental Hygiene p Injury, or other	_	PART II. Other significant conditions	contributing to deal	th but not i	resulting	In the unde	erlyin	g cause glv	en in Part i				ERE AUTOPSY FINDIN	GS
that the photon and I	EDICA	— Small Intestir	-1-72 i haran			1	dι	iodena	1	L YES	RMED?	CO	AILABLE PRIOR TO IMPLETION OF CAUSE DEATH?	E
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has Dept	N N	Status post co	oron resec	LION .	LOF	adenoc			TH (Check onl	y one)				_
N: The ficate h State State	SICIAN	EXAMINER?	HOSPITAL:	Outpatient 3	□ DOA	OTHER:		ne 5 Resid	dence S 🗆 C	Other (Specify)				
SICIA certif	PHY	27. MANNER OF DEATH	280. OATE OF INJU		28b. TIN	E OF 2	8c. IN.	JURY AT		DESCRIBE HOW	INJURY OCC	URED		_
NG PHYS fter this cath with marked		1 Natural 5 Pending	(Month, Day, Ye	ar)	IN	JURY M		YES 2 1	NO					
NDING After deat	D BY	2 Caucident investigation 3 Suicide 8 Could not be	28e. PLACE OF INJ	URY — At he	ome, farm,	street, factor	y, offic			LOCATION (Street		or Rural Rout	e Number,	_
ATTEN CTOR after	ш	4 Homicide determined	building, etc. (Specify)						City or Town, Stet	"			
OR A DIREC	Ē	290. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my is	nowledge, de	eth occur	red at the tim	e, date	end piece. e	and due to the	ceuse(e) end m	enner es atate	d.		_
HOSPITAL FUNERAL (Within 72 h	COMPL	(Check only one) 2 MEDICAL EXAMINER											nd menner ea stated	J.
FUNE withir		29b. SIGNATURE AND TITLE OF CENTREMA	1						SE NUMBER				onth, Day, Year)	_
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the be filed within 72 hours after death with the State Dept. of Health and MaIMPORTANT: If Item 28 is marked, or Item 23 shows any Injun	BE	M. B. C.	120000	, / /	11						29d. DATE	SIGNED (MI	ned, Day, 1987)	
5 5 3 ₹	2	30 NAME AND ADDRESS OF PERSON WHO	COMPLETED CASSE OF		M 070 G	0-(-1)		1009	990		<u> L´</u>			

AGNES HOSPITAL



BALTIMORE, MARYLAND 21203-3146

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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shout be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examine
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR 1 - STATE REGISTRAR	STATE OF MA	ARYLAND / DEPAR Certif	RTMENT OF H		REG. NO.	50	20010
	1. DECEDENT'S NAME (FIRST MI), Last)	C	omerville			2. DATE OF DEATH MONTH		1. TIME OF JEATH
- 1	4. SOCIAL SECURITY NUMBER		B. AGE (In yes test birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH		RIHPLACE (State on Foreign
	219-12-459	78 3000	67 YAS.	MONTHS DAYS	HOURS MIN.	1913/2	2 4	0/13/22
	9a. FACILITY NAME (If no inc Itution, give a	rest and number)		96. CITY, TOV 4 C	R LCCATION OF DEA	TH	9c. COUNTY O	F DEATH
8	Knol-wood mano	t N.H.	WILL ST	Mille	rsville		Anne	e Arundel
2	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,	10c. CI	TY, TOWN OR LOCAT	ION			10d. INSIDE CITY
#	MD Ani	ne Arunde	1 1	ry town on locat lillersvi	lle			LIMITS?
FUNERAL DIRECTOR	100. STREET AND NUMBER Knollwood Mano	r N.H.	,	101	ZIP CODE 211	.08	10g. CITIZEN C	F WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA		If yes, sp	ENDENT OF HISPANIC ecity Cuben, Mexican, 2 NO Specity:	C ORIGIN? (Specify Yea Puerto Rican, etc.)		ACE — American Indian, Black, Whita, atc.
	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S	I S USUAL OCCUPATION	ON	16b. KIND OF BUS	I INESS/INDUSTR	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during mo use retired.)	st of working			
MPL			Owne	er / Oper	ator	Barbe	rshop	
	17. FATHER'S NAME (First, Middle, Last)				THE RESERVE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE	E (First, Middle, Maiden	Surneme)	
BE	Samuel Sweitze 19a. INFORMANT'S NAME (Type/Print)	r	1 405 11411 114			Unknown	O	
6	Ms. Debra G. B	ovall				oute Number, City or Town Apt.Glen B		" MD 21061
	20a. METHOD OF DISPOSITION 1 Burlal 2 C Cremation 3 Ram		20b. PLACE OF OISPO				ATION - City of	
	1 Donation 5 Other (Specify)	oval from Stata	Ivy Hil	1 Cemete	ry	Lau	rel, MI	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	1/	22. NAME A	ND ADDRESS OF FACI		Ritchie	all a
	100	-		Barra	nco Funer	al Home S	everna	Park MD 21146
	23. PART I. Enter the diseases, or a shock, or heart fallure.	complications that List only one caus	csused the death. Do e on each line.	npt enter the mo	de of dying, such	es cardiac or respi	ratory srreat,	Approximate interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	0	andiana	misot	7114	ONDERT	ma _{ry} ,	minutes
	resulting in death)	00=10	OR AS A CONSEQUENCE	201161	of c	arrest		77777
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. OUE TO (OR AS A CONSEQUENCE	OF):				
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A CONSEQUENCE	OF):				
CALC	PART II. Other aignificant condition	na contributing to	death but not resulting	in the underlyin	g cauae given in F	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	Coronary anter	y disea.	& is che	ric Can	diomyop	Cotta 1 TYES 2		COMPLETION OF CAUSE OF DEATH?
MED	Dinbetes me	elitus,	Hyper	trension-	2	_ 1		1 YES 2 NO
	Chronic ren	of intry	Siciences.		Lig	<u> </u>		
CI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (Chec	ck only one)		
PHYSICIAN:	1 ☐ YES 2 ☑ NO 27. MANNER OF DEATH	1 □ Inpatiant 2 □	ER/Outpatient 3 DOA		JURY AT	B Other (Specify) 28d, DESCRIBE HOW II	MILIEY OCCURE	n.
	1. Natural 5 Pending	(Month, Da		UJURY W	YES 2 NO	Edd. DEGGINDE (1011)		
BY	2 Accident Investigation 3 Suicide 6 Could not be	26a. PLACE OF	INJURY — At home, farm			26f. LOCATION (Street 1	and Number or R	ural Route Number,
빌	4 Homicide determined	building, (stc. (Specify)			City or Town, State)		
COMPLETED	TOTAL DELLA CONTROL		my knowledge, death occu					use(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUM			INEO (Month, Day, Year)
H	hant	Hd. Ha-	MD		7250	000	>OC	×.101990
임	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUS	E OF DEATH (ITEM 27) (Ty)		1/			, . , , ,
	325 Hosp. Dr.	#108	Gler	, Buri	nie, M.I	0, 2/0	6/	
	31. DATE FILED (Month, Day, Year)	ALLA DAVIS	SIGNATURE SO					

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10a. STATE

W. Va. 10e. STREET AND NUMBER

1. DECEDENT'S NAME (First, Middle, Last)

Memorial Hospital RESIDENCE OF DECEDENT

9a. FACILITY NAME (If not institution, give street and number)

P.O. Box

LOU

5. SEX

1 M 2 X F

Mineral

BETTY

233-98-6851

4. SOCIAL SECURITY NUMBER

IF UNDER 1 YEAR

10c, CITY, TOWN OR LOCATION

DAYS

Cumber land

Wiley Ford

IF UNDER 24 HRS.

HOURS

9h. CITY, TOWN OR LOCATION OF DEATH

10f. ZIP CODE

26753

SNYDER

VBS

6. AGE (In vrs. lest birthdey

2. DATE OF DEATH

OCTOBER

Aug

7. DATE OF BIRTH (Month, Day, Year)

DIRECTOR

filled in by t executed within and certificate be requires that the death WB OR ATTENDING PHYSICIAN: The

FUNERAL after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES ВУ 3

Widowed 4 □ Divorced 16a, DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) COMPLETED 15. DECEDENT'S EDUCATION use (Specify only highest grade Elamentary/Secondary (0-12) College (1-4 or 5+) jo 8 Homemaker detached 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) George Philip Simpson Lula Virginia Simpson should be notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 page 5 s Rt. 1, Box 184, Keyser, W.Va. Velma Cecil pe 208. METHOD OF DISPOSITION
1 △ Burlet 2 □ Cremation 3 □ Removat from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or must director, 4 Donation 5 D Other (Specify) Potomac Memorial Gardens examiner E OF FUNERAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY funeral Rotruck Funeral Home removal. medicai 23. PART I. Entar the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiretory errest, ahock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final completely filler the diseese or condition le. event, 1 resulting in death) OUE TO (OR AS A CONSEQUENCE OF): bunal, a5/11 traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF attending physician a cause. Enter UNDERLYING CAUSE (Disease or Injury other OUE TO (OR AS A CONSEQUENCE OF): that initisted events resulting in deeth) LAST 6 n signed by the attend f Health and Mental H injury, PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL апу 1 - YES 2 NO has been Dept. of h PHYSICIAN: g 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Hem After this certificate I HOSPITAL OTHER 4 - Nursi tient 2 - ER/Outpatient 3 - DOA 1 YES 2XXNO ng Home 5 🗆 Residence 6 🗆 Other (Specify) 6 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation м 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 261, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be detarmined L DIRECTOR: A hours after d 69 ETED 4 Homicide 200 item . COMPL 1 🔀 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE FUNERAL De filed within 72 h HOSPITAL 2 MEDICAL EXAMINER: On the beals ition and/or investigation, in my opinion, death occured at the time, data and piece, and due to the cause(a) and manner as stated 29b. SIGNATURE AND TITLE OF CERTIFIED 29c. LICENSE NUMBER B D31579 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 27) (Type, Print) 21502 - 517 Oldtown Road Cumberland, Md. Dr. K. Suresh 32 REGISTRAR'S SIGNATURE

90 28874 3. TIME OF DEATH VEAR 1990 11.59 P 8. BIRTHPLACE (State or Foreign 1933 Unknown 9c. COUNTY OF DEATH **Allegany** 10d. INSIDE CITY 1 X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. Specify: White 16h KIND OF BUSINESS/INDUSTRY Self 20c. LOCATION — City or Town, State Keyser, W.Va. 85 S. Main St. Keyser, W.Va. 26726 Approximeta Onset and Deeth

24b. WERE AUTOPSY FINDINGS

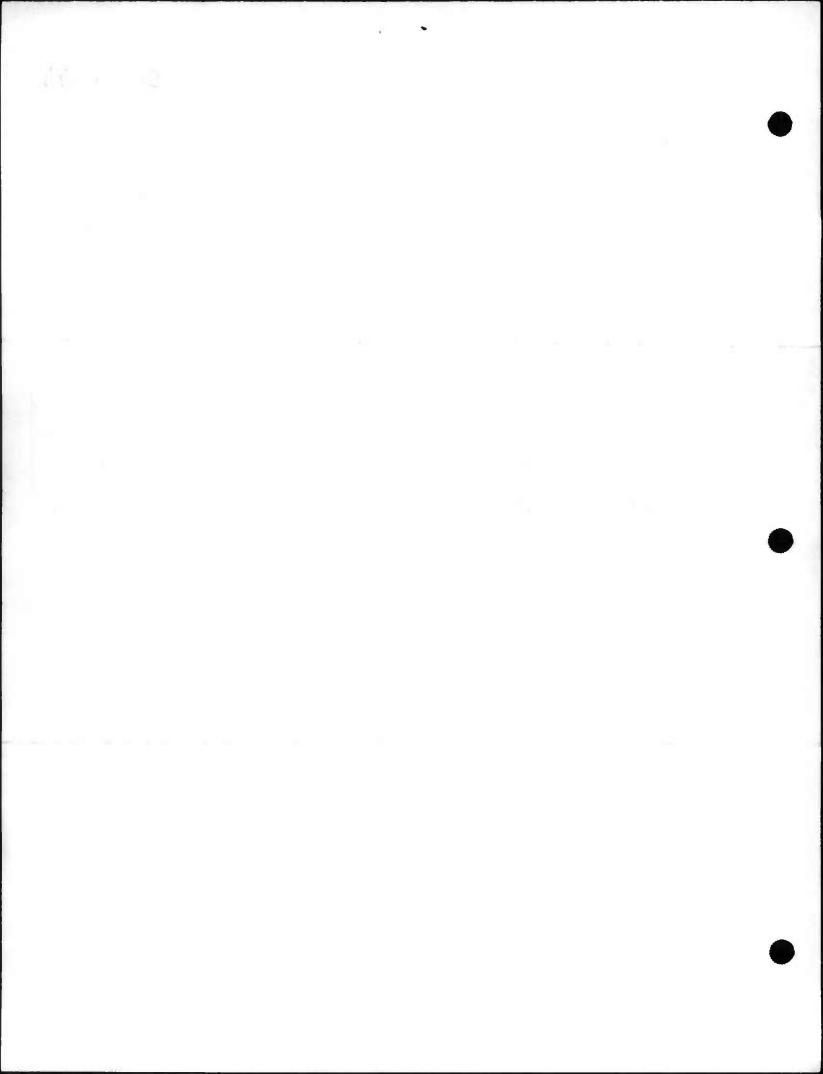
OF DEATH? 1 YES 2 NO

29d DATE SIGNED (Month Day Year)

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AVAILABLE PRIOR TO COMPLETION OF CAUSE



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) THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 and oeath, rage to may be retained by the nospital of attending physician.) THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit p	i filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	5
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

ermit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21203-3146

ation, or removal.	, the medical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
or marketing. Democrated death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

RE	EGISTRAR				CERTIF	ICATE C	F DEATH	REG. NO					
1. DECE	EDENT'S NAME (First, M	Aiddle, Last)						2. DATE OF DEATN			3. TIME OF DEATN	ı	
TH	HERESA PEA	ARL SH	IPES					october i	2,	ι 950	2:20	Рм	
	IAL SECURITY NUMBER		5. SEX	6. AGE (In y	rs. last birthday)	IF UNDER 1 YEA	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPI	LACE (State or Fore	eign	
	MONTHS DAYS HOUSE MIN (Month, Day, Year) Country)												
	214 74 5108 1 Gard No. 1 Months 90 YRS. MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONTHS NO. 1 MONT												
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10e, ST	DENCE OF DECE	10b. COUNTY			ton CITY	Y, TOWN OR LO	CATION				IOd. INSIDE CITY		
E 100. 31/							CATION				LIMITS?		
		Alleg	any		La'	Vale					I ☐ YES 2 🛣 N	10	
35 (11. MAR	REET AND NUMBER						101. ZIP CODE		10g. CIT	IZEN OF WH	IAT COUNTRY?		
# 350	0 McHenr	v Sti	reet				21502			USA	.		
11. MAR	RITAL STATUS	1 00	12. WAS DECEDEN				DECENDENT OF NISPA	NIC ORIGIN? (Specify Ye	or No-	14. RACE -	- American Indian	n,	
	lever Merried 2 🗌 N	terried	FORCES? 1 IF YES, GIVE W				, specify Cuben, Mexico YES 2 ⊠ NO Specif			Specify:	White, atc.		
3 [Xw	Vidowed 4 Divorc	ed	11 120, 0112 11	AIT OIT DAIL		''	TEO I M. 10 Open	,		Opocii).	White		
		DENT'S EDUC		10	Ba. DECEDENT'S	USUAL OCCUP	PATION	16b. KIND OF BU	SINESS/INI	DUSTRY			
	(Specify only	highest grade	completed)		(Give kind of v	work done during	most of working	72.27					
	mentery/Secondery (0-1 12	2)	College (1-4 or 5		Попо	.: £-							
ž					Housev	ATIE		Home					
ŏ II	HER'S NAME (First, Mid		-	16. MOTNER'S NAME (First, Middle, Meiden Surneme)									
w Ri	ichard C		egand	and Wilhelmina Schultz									
	FORMANT'S NAME (Typ.	oe/Print)			19b. MAILING	ADDRESS (Str	set end Number or Rural	Route Number, City or Tov	rn, State, Zij	p Code)			
P Mrs	s. Eliza	beth	Hensel	Hensel 350 McHenry St. LaVale, Md. 21502									
20a, ME	ETHOD OF DISPOSITION	ON		20b. P	LACE OF DISPOS	SITION (Neme o	f cemetery, cremetory or			City or Tow	n, State		
1 £3 Bu	uriel 2 Cremetion	3 Remo	oval from State	Ziô	n Memo	orial	Park	Cun	ber	land.	. Md.		
	NATURE OF FUNERAL										,		
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	crue	1 a.	Killey,	M.		Cumi	perland	in, Inc. 2 Md. 21502	30 1	Dalt:	rmore F	AV.	
23. PA	ART I. Enter the dis	esses, or c	complications that	t caused t	he death. Do r			ch as cerdisc or resp			Approximat		
1	shock, or ha	art fellure. I	List only one cau						-		Interval Bet		
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) 8. CHF - Discuss and Carcarage (See and Death)												
	DUE TO (OR AS A CONSEQUENCE OF):												
Z	Sequentially list conditions, b. Colours Steam Adversaries on												
	Sequentially list conditions, If any, leading to immediate												
Cause	CALISE (Pleases or Injury												
that in	E (Disease or Injur nitiated events	, J	DUE TO	(OR AS A C	ONSEQUENCE O	F):	11	,		1			
result	ting in death) LAST		· Im	si te	Ca	a	Col	cer					
병 🛮		-				Y	-0-0				1		
	II. Other significen	t condition	s contributing to				lying cause given in		N AUTOPSY		WERE AUTOPSY FIN		
EDICAL	Zuna co	« Nis	عمر س	a	adie;	cia	dus	1 _ YES			COMPLETION DF CA		
	A A.	Qui:	es had	1 0		Alle	2				OF DEATH?	10	
Σ	-0 010	·······································		4	une						1 YES 2 N	10	
25. WAS EX. 1 D 27. MAI													
25. WA	S CASE REFERRED TO	MEDICAL	HOSPITAL:			OTHER:	8. PLACE OF DEATH (C	heck only one)					
is 10	YES 2 NO		1 inpatient 2	ER/Outpat	lent 3 DOA		Home 5 - Residence	6 Other (Specify)					
₹ 27. MAI	NNER OF DEATN		28e. DATE OF		28b. TIN		. INJURY AT	28d. DEŞCRIBE NOW	INJURY O	CCURED			
		Pending	(Month, L	Jay, Year)	IN.	JURY M 1	WORK?						
"	Accident	nvestigation	28a PLACE	OF IN ILLEY	- At home, farm,			281, LOCATION (Street	and Number	or or Aural D	oute Number		
⋒		Could not be	building.	, etc. (Specify	/)	eneet, sectory,	OLITOR .	City or Town, State		a or north MC	oute mumber,		
29m. CE													
29a. CE	ERTIFIER 1 CERTI	FYING PNYSI	ICIAN: To the best o	f my knowled	dge, death occur	red at the Hme.	date end place, end du	e to the cause(e) end m	enner ee st	ated.			
S On	neck only							e lime, date end place, e			end menner ee st	ated.	
$g \parallel$			-	-									
U	IGNATURE AND TITLE	US-CERTUPLES	///				29c, LICENSE NO	IMBER /	29d. DA	TE SIGNED	(Month, Day, Year)		
	1 1360 > 10/12/90												
296. SI	4		щ	TI	10		DI	3601		10/1	2/90		
296. SI	ME AND ADDRESS OF	PERSON WH	O COMPLETED CAL	ISE OF DEAT	7 (TEM 27) (Type	e, Print)	DIC	3601		0/1	2/90		
296. SI	ME AND ADDRESS OF	PERSON WH	O COMPLETED CAL	JSE OF DEAT	7 () TH (ITEM 27) (7)(0) 4 ()	e, Print)	Bishan	1201 ()alch 1)v 1100	Coll	1/40	MN	

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x-cours after death. Page 6 may be retained by the hospital or attending physician or THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriative filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AN CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) James R. Steckman Jr. 216-72-7851 S.SEX 33 YRS. MONTHS DAYS HOURS MID 98. FACILITY NAME (If not Institution, give street and number) 98. FACILITY NAME (If not Institution, give street and number) 98. FACILITY NAME (If not Institution, give street and number) 98. FACILITY NAME (If not Institution, give street and number) 98. FACILITY NAME (If not Institution, give street and number) 99. FACILITY NAME (If not Institution, give street and number) 99. FACILITY NAME (If not Institution, give street and number) 100. CITY, TOWN OR LOCATION Cumberland, 101. CITY, TOWN OR LOCATION Cumberland, 102. CITY, TOWN OR LOCATION Cumberland, 103. STREET AND NUMBER (104) 111. MAS DECEDENT EVER IN U.S. AMED IN Yes, specify Cuban, Mail Nower Married (104) 112. WAS DECEDENT EVER IN U.S. AMED IN Yes, specify Cuban, Mail Yes, specify Cuban, Mail Yes, specify Cuban, Mail Yes, specify Cuban, Mail Yes, specify Cuban, Mail Yes, specify Cuban, Mail Yes, specify Cuban, Mail Yes, specify Cuban, Mail Yes, specify Cuban, Mail Yes, specify Cuban, Mail Yes, specify Cuban, Mail Yes, specify Cuban, Mail Yes, specify Cuban, Mail Yes, specify Cuban, Mail Yes, specify Cuban, Mail Yes, specify Cuban, Mail Yes, specify Cuban, Mail Yes, specify Cuban, Mail Yes, specify Cuban, Mail Yes, specify Cuban, Mail Yes, specify Cuban, Mail Yes, specify Cuban, Mail Yes, specify Cuban, Mail Yes, specify Cuban, Mail Yes, specify Cuban, Mail Yes, specify Cuban, Mail Yes, specify Cuban, Mail Yes, specify Cuban, Mail Yes, specify Cuban, Mail Yes, specify Cuban, Mail Yes, specify Cuban, Mail Yes, specify Cuban, Mail Yes, specify Cuban, Mail Yes, specify Cuban, Mail Yes, specify Cuban, Mail Yes, specify Cuban, Mail Yes, specify Cuban, Mail Yes, specify Cuban, Mail Yes, specify Cuban, Mail Yes, specify Cuban, Mail Yes, specify Cuban, Mail Yes, specify Cuban, Mail Yes, specify Cuban, Mail Yes, specify Cuban, Mail Yes, specify Cuban, Mail Yes, specify C	REG. NO. 2. DATE OF DEATH MONTH 10-8-90 IS. 7. DATE OF BIRTH (Month Day, Year) 95 F DEATH SPANIC ORIGIN? (Specify Years) Statem, Puerto Rican, etc.)	ST Se. COUNTY OF SA Allegany	Y County 10d. Inside city LIMITS? Y YES 2 NO						
James R. Steckman Jr. 1. Special security number 25 SEX 1 M 2 F 33 YRS. Steckman Jr. 2. Security number 1 Year 15 Under 24 HP 2. MONTHS DAYS HOURS MH 2. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION O	MONTH DA 10-8-90 IS. 7. DATE OF BIRTH N. 049-10 S-10 S-10 S-10 S-10 S-10 S-10 S-10 S	6. BIRTHI COMP 9c. COUNTY OF SA Allegany	3:09PM M PLACE (State or Foreign) ATH Y COUNTY 10d. INSIDE CITY LIMITS? YES 2 NO						
4 SOCIAL SECURITY NUMBER 25 SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HE 216-72-7851 YRS. MONTHS DAYS HOURS MIN Pa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION O	SPANIC ORIGIN? (Specify Years)	9c. COUNTY OF SALLEGANS	PLACE (State or Foreign ATH Y COUNTY 10d. INSIDE CITY LIMITS? YES 2 NO						
9a. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION O	SPANIC ORIGIN? (Specify Yeakisten, Puerto Rican, atc.)	9c. COUNTY OF Allegany	COUNTY 10d. Inside city Limits? Y yes 2 no						
	SPANIC ORIGIN? (Specify Yea xidan, Puerto Rican, atc.)	Allegany	County 10d. INSIDE CITY LIMITS? YES 2 NO						
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Allegany 10c. CITY, TOWN OR LOCATION Cumberland, 35 Weber Street 121502	ixican, Puerto Rican, atc.)	10g. CITIZEN OF	YES 2 NO						
35 Weber Street 21502	ixican, Puerto Rican, atc.)	10g. CITIZEN OF							
	ixican, Puerto Rican, atc.)		La COUNTRY?						
	pecify:	Black	14. RACE — American Indian, Black, Whita, etc.						
15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Glive kind of workdone during most of working like bo NOT use gettined.) (Glive kind of workdone during most of working like bo NOT use gettined.) (Brown of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of the poly of	(Give kind of work done during most of working								
17. FATHER'S NAME (First, Alpollo, Legi) 18. MOTHER'S Patr	s NAME (First, Middle, Meiden icia A. Swan								
p life of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control	196 MAILING ADDRESS (Street and Number or Fural Route Number, City or Town State Zio Code) 35 Weber Street Cumberland, MD 21502								
**Bea. METHOD OF DISPOSITION 120 Burlel 2 Cremetor 3 Removal from State 200 PLACE OF DISPOSITION (Name of comoton), cremetor 120 Burlel 2 Cremetor 3 Removal from State 120 PLACE OF DISPOSITION (Name of comoton), cremetor 120 PLACE OF DISPOSITION (Name of comoton), cremetor 120 PLACE OF DISPOSITION (Name of comoton), cremetor 120 PLACE OF DISPOSITION (Name of comoton), cremetor 120 PLACE OF DISPOSITION (Name of comoton), cremetor 120 PLACE OF DISPOSITION (Name of comoton), cremetor 120 PLACE OF DISPOSITION (Name of comoton), cremetor 120 PLACE OF DISPOSITION (Name of comoton), cremetor 120 PLACE OF DISPOSITION (Name of comoton), cremetor 120 PLACE OF DISPOSITION (Name of comoton), cremetor 120 PLACE OF DISPOSITION (Name of comoton), cremetor 120 PLACE OF DISPOSITION (Name of comoton), cremetor 120 PLACE OF DISPOSITION (Name of comoton), cremetor 120 PLACE OF DISPOSITION (Name of comoton), cremetor 120 PLACE OF DISPOSITION (Name of comoton), cremetor 120 PLACE OF DISPOSITION (Name of comoton), cremetor 120 PLACE OF DISPOSITION (Name of comoton), cremetor 120 PLACE OF DISPOSITION (Name of comoton), cremetor 120 PLACE OF DISPOSITION (Name of comoton), cremetor 120 PLACE OF DISPOSITION (Name of comoton), cremetor 120 PLACE OF DISPOSITION (Name of comoton), cremetor 120 PLACE OF DISPOSITION (Name of comoton), cremetor 120 PLACE OF DISPOSITION (Name of comoton), cremetor 120 PLACE OF DISPOSITION (Name of comoton), cremetor 120 PLACE OF DISPOSITION (Name of comoton), cremetor 120 PLACE OF DISPOSITION (Name of comoton), cremetor 120 PLACE OF DISPOSITION (Name of comoton), cremetor 120 PLACE OF DISPOSITION (Name of comoton), cremetor 120 PLACE OF DISPOSITION (Name of comoton), cremetor 120 PLACE OF DISPOSITION (Name of comoton), cremetor 120 PLACE OF DISPOSITION (Name of comoton), cremetor 120 PLACE OF DISPOSITION (Name of comoton), cremetor 120 PLACE OF DISPOSITION (Name of comoton), cremetor 120 PLACE OF DISPOSITION (Name of comoton), cremetor	TTegany								
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. SIGNATURE OF FUNERAL SERVICE LICENSEE Cumberland,	timeral Home MD 21502		-						
23. PART I. Exter the disease, or complications that caused the death. Do not enter the mode of dying, allock, or heart fellure. Liet only one cause on each line. IMMEDIATE/CAUSE (Finel disease or condition resulting in death) e. Aortic Stenosis Due to jor as a conscouence of:	auch ae cardiec or reepi	lratory arrest,	Approximate Interval Between Onset and Death						
Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST									
PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? XX YES 2 \(\text{NO} \) NO XXX									
EXAMINER? HOSPITAL: OTHER:	EXAMINER? HOSPITAL: OTHER:								
III 1 K VENTURIII 3 PONDING III II II VEE A NA	28d. OEŞCRIBE HOW	INJURY OCCURED	CURED						
2 Accident 3 Suicide 8 Could not be determined 4 Homicide determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)	28f. LOCATION (Street	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
29e. CERTIFIER (Check only one) MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and placa, and one) MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and one)			i) and manner as stated.						
29b. SIGNATURE AND TITLE OF CERTIFIER COME 29c. LICENSI COME	E NUMBER	29d. DATE SIGNED							

111 Penn Street, Baltimore, MD 21201

MARGARITA A. KORELL, MD 31. OATE FILED (Month, Day, OCT 11

RESS OF PERSON WHO COMPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print)

DHMH-16 Rev 1/89

VC

DESCRIPTION

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BALTIMORE, MARYLAND 21203-3146	s after death. Page 6 may be retained by the hospital or attending physician.	er this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trunsment with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	dical examiner must be notified at once.
	no	illed ir n, or	9
JOF VITAL RECORDS, P.O. BOX 13146,	G PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 6 may be retained by the hospital or attending physician	er this certificate has been signed by the attending physician and completely filled in by the Ith with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	larked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

/B	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-rouns after or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical e
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	execute	and co	to Duna	matic
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	REGISTRAR		CEF	RTIFICAT	E OF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF							3. TIME OF DEATH			
	CLETUS MERRITT		ST	STRAW		OCTOBER 6, 1990		YEAR	12:15 A M		
		5, SEX 6.	. AGE (In yrs. last bli	rthday) IE INDE	R 1 YEAR	IF UNDER 24 HRS.				v	IPLACE (State or Foreign
		1 🔀 M 2 🗆 F		MONTHS	DAYS	HOURS MIN.	(Month, I	вияти 0/191	_	Count	(1)
	233-34-3444		79	YRS.	<u> </u>			0/191			VW
	9a. FACILITY NAME (If not institution, give stre	et and number)		9b. CIT	Y, TOWN	R LOCATION OF DE	ATH		9c. COU	NTY OF D	EATH
DIRECTOR	Memorial Hospital	Memorial Hospital				and			A11	egan	У
<u>ස</u>	10e. STATE 10b. COUNTY		1	Oc. CITY, TOWN	OR LOCAT	TON					10d, INSIDE CITY
E	WV	Hampshi:	re	Greer	nspri	.ng					LIMITS?
	10e. STREET AND NUMBER			101, ZIP CODE				10g. CITIZEN OF WHAT CO			WHAT COUNTRY?
FUNERAL	Rt. 1, Box		26722				U.S.A.				
3	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARME	D 13		ENDENT OF HISPAN			or No-	14. RAC	E — American Indian,
BY FI	1 Never Merried 2 X Merried FORCES? 1 YES 2 3 Widowed 4 Divorced FYES, GIVE WAR OR DATE:			NO If yes, specify Cuban, Maxican, Puarto				o Rican, atc.) Black, White, atc. Specify: White			etty:
	15, DECEDENT'S EDUCA	ATION	16a, DECE	DENT'S USUAL (OCCUPATION	ON	16b. K	IND OF BUS	INESS/IN	DUSTRY	
E I	(Specify only highest grade of	ompleted)	(Give	kind of work done NOT use retired.	during mo	st of working					
ا ي	Elementary/Secondary (0-12)	College (1-4 or 5+)					[3& O F	Dailt	heor	
ž	N/A			rpente	L					load	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	a a				18. MOTHER'S NAI					
BE	Merrett	S. Stra				Eliza			Snyde		
10 B	19a. INFORMANT'S NAME (Type/Print)		19b. k	ALLING ADDRES	SS (Street	and Number or Rural F	Route Number	City or Town	n, State, Zi	p Code)	
Ĕ	Magdalene L. St	traw	Rt	:. 1, B	OX 6	, Greer	ısprır	19, V	VV 2	20/22	2
	20a. METHOD OF DISPOSITION 1 N Buriel 2 Cremation 3 Remove	val from State	20b. PLACE OF other place	DISPOSITION (lame of ce	metery, crematory or		20c. LO	CATION —	City or To	own, State
	4 Donation 8 Other (Specify)			Salem	Ceme	tery		Po	ints	, 1	WV
	21. SIGNATURE OF FUNERAL SERVICE LICE	SHIEE A	M	22	. NAME A	ND ADDRESS OF FA	CILITY	-		_	
	* Mark	1101	16_		230	Shaffe East Mair					
- 15	23. PART I. Enter the diseases, pr co	mplicetions that	sused the deati					<u>·</u>			Approximate
	shock, or heart fellure. L										intervai Between
	IMMEDIATE CAUSE (Finsi										
	disease or condition resulting in deeth) e. PNeumonia										
	DUE TO (OR AS A CONSEQUENCE OF):										
z											
9	Sequentielly list conditions, but to (OR AS A CONSEQUENCE OF):										
₹	cause. Enter UNDERLYING										
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (O	R AS A CONSEQUE	ENCE OF):							
E	resulting in death) LAST										
CERTIFICATION		·									
	PART II. Other significant conditions	contributing to d	eath but not res	uiting in the u	ınderlyin	g ceuse given in	Part I.	24a. WAS AN		24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
2		Lementin Co							COMPLETION OF CAUSE		
1 VES 2 NO							_		73	- 1	OF DEATH?
			¥								1 YES 2 NO
MED											
IN: MED											
CIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL		OTH		LACE OF DEATH (Ch	eck only one,)			
SICIAN: MED	EXAMINER?	HOSPITAL:	ER/Outpatient 3 🗆	DOA 4 D	ER:	LACE OF DEATH (Ch					
HYSICIAN: MED	EXAMINER?	1 2\inpatient 2 1	JURY :	DOA 4 IN	ER: ursing Hor 28c. IN	ne 5 🗆 Residence	8 🗆 Other		NJURY O	CCURED	
PHYSICIAN: MEDICAL	EXAMINER? 1	1 🖾 Inpatient 2 🗆 I	JURY :	DOA 4 IN	ER: ursing Hor 28c. IN	ne 5 🗆 Residence	8 🗆 Other	(Specify)	NJURY O	CCURED	
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Transition of

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1 -	FOR STATE REGISTRAF

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCLENE

	1 - STATE REGISTRAR	SIMIE OF MARII		ICATE O	F DEATH	REG.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. OATE OF CEAT	TH DAY	YEAR	3. TIME OF DEATH
	LEE SCHWARTZ					10 04		1990	0505 M
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Yea		8, BIRTI Count	HPLACE (State or Foreign
	554-39-3146	1 🗆 M 2 📉 F	23 YRS.	WONTHS DATS	HOURS MIN.	10 19			lifornia
	9e. FACILITY NAME (if not institution, give s			1 '	OR LOCATION OF O	EATH	9c. CC	OUNTY OF	DEATH
OR	Carroll County	General H	lospital	We	stminste	r	C	arro	11
ַלַ	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT)	,	10c CI	ry, town or loc	ATION				10d, INSIDE CITY
DIRECTOR	2.0	arroll	100.01		eytown				LIMITS?
	10e. STREET AND NUMBER			101. ZIP CODE			10a C	ITIZEN OF	1 TYES 2 NO
FUNERAL	25 Courier Drive			21787				S.	
B	11. MARITAL STATUS 1 □ Never Merried 2 ☑ Merried 3 □ Widowed 4 □ Divorced 12. WAS DECEDENT EVER IN U.S. ARI FORCES? 13F YES 2 □ N IF YES, GIVE WAN OR DATES ?			If yes,	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or N If yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 1 YES 2 NO Specify:			No- 14. RACE - American Indian, Black, White, atc. Specify: White	
ED	15. DECEDENT'S EDU- (Specify only highest grade		16a. DECEDENT'S	USUAL OCCUPA work done during	TION	16b. KIND O	F BUSINESS/I	NDUSTRY	
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT L	ise retired.)	noat of working				
AP.			Hom	emaker		n/a			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, M.	alden Surname)	
BE (Dale Sullivan				Debb	ie			
10 E	19e. INFORMANT'S NAME (Type/Print)		The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon		t end Number or Rural				
-	Wade F. Schwar				Drive,				
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	4 Donation 5 Other (Specify)		Libert	y Chur	ch Ceme	tery	West	mins	ster, MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Pritts Funeral Home & Chapel							el	
	Robert K.	Pritts,	Sr.		Washing				
	23. PART I. Enter the diseases, or								Approximate interval Batween
	shock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Finel							Onset and Deeth	
	disease or condition resulting in death) e. INTRACRAWIAL BLEED						ACUTO		
	DUE TO (OR AS A CONSEQUENCE OF):								
z	6 COAGULEPATHY								
TIC	Sequentially list conditions, If any, leading to immediata DUE TO (OR AS A CONSEQUENCE OF):							11/2 430	
2	CAUSE (Disease or injury C							172106	
E	that initiated events resulting in death) LAST	DOE TO (OR AS	A CONSEQUENCE (orj:					i
CERTIFICATION		d							1
PHYSICIAN: MEDICAL	PERFORMED? AN						b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
ME	1 U YES 2 U NO								
N.									
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF OEATH (C				
ΙλS	1 YES 2 NO	1 Propertient 2 ER/O			ome 5 Residence	8 Other (Specify 28d. DESCRIBE I		OCCUBED	
	1 Natural 5 Pending	(Month, Day, Year		JURY	WORK? YES 2 NO	Zou. DESCRIBE	NOW INCOME	OCCOMED	
ВУ	2 Accident Investigation	28e. PLACE OF INJU	RY — At home, farm.			28f. LOCATION (S	Street and Num	ber or Rural	Route Number,
8	3 Suicide 8 Could not be 4 Homicide determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
	290. CERTIFIER	SICIAN: To the best of my kn	andreden dende anne	mand at the time of	ate and alone and di-	- 40 4h - 101/00/01 00		nterior d	
COMPLETED	CONSULT OFFIN	ER: On the besie of examina							(e) and menner ea stated.
	20b. Substature and Title of Certifier 20c. License NU					NUMBER 29d. DATE SIGNEO (Month			O (Month, Day, Year)
B	01/2 6/6/1					17040			
2	30. HALE AND ADDRESS OF PERSON W		DEATH (ITEM 27) (Typ						
					DN 11673	Swar	>cm.	VSTE	mo.
	31. DATE FILED (Month, Day, Year)	32. RAGISTRAB'S SI Julia Davi							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pe filled within 72 hours after death with the State Dept. of Health and Mental Hygliene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a four after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	ho	tache		Ice.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within wours after death. Page 6 may be retained to TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified a	y the	e de		It 01
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TO THE HOSPIT TO THE FUNER. The filed within IMPORTANT:	IR ATTENDING PHYSICIAN: T	RECTOR: After this certificate	urs after death with the State	em 28 is marked, or ite
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6 6 8 M	OSPITAL DR ATTENDING PHYSICIAN: T	JNERAL DIRECTOR: After this certificate	Ithin /2 hours after death with the State	INT: If item 28 is marked, or ite
	HE HOSPITAL DR ATTENDING PHYSICIAN: T	HE FUNERAL DIRECTOR: After this certificate	ed within /2 hours after death with the State	ORTANT: If item 28 is marked, or ite

	FOR 1 - STATE REGISTRAR		STATE OF M	MARYLA		DEPAR RTIF					MENT	AL HYGIEN	_	0	2	8879
	1. DECEDENT'S NAME (First, I	Middle, Last)										E OF DEATH			3. TI	ME OF DEATH
	SAMUEL	CARDW	VELL :	SMIT	Н						OC'	TOBER	4.	YEAR 199(1	12:10p M
	4. SOCIAL SECURITY NUMBER	R	5. SEX	8. AGE (II	n yrs. lesi	t birthday)	IF UNDER			R 24 HRS.	7. DAT	E OF BIRTH	- /	A BIRT	HPLAC	E (State or Foreign
	219-36-01	66	1 [X M 2 □ F		69	YRS.	MONTHS	DAYS	HOURS	MIN.	5-	13-21		MAI	ŘΥL	AND
	9a. FACILITY NAME (If not inst	titution, give st	treet and number)				9b. CITY	, TOWN	OR LOCAT	TION OF DI	EATH		9c. COU	NTY OF I	DEATH	
6	CARROLL C	OUNTY	GENER	AL H	OSP	ITA:	J WE	STM	IINS	TER			CAI	RROI	LL	
5	RESIDENCE OF DECI	EDENT 10b. COUNTY	,			to CIT	Y, TOWN C	20.1.0047	TION.							
DIRECTOR		FREDE					YMAR		ION							INSIDE CITY LIMITS?
	10e, STREET AND NUMBER	FREDE	SKICK		_	NE.	IMAN		ZIP CO	DE			I 40- OIT	IZEN OF		YES 2 NO
FUNERAL	2433 FRAN	CTS S	COTT K	EV H	тсн	WAV		100	217				log. on	USA		COONTHY
빌	11. MARITAL STATUS	010 0	12 WAS DECEDEN	IT EVED IN	II S AD	WED	13	WAS DEC			NIC OBIG	IN? (Specify Ye	a or No.			merican Indian
	1 Never Married 2XXX	Married	FORCES? 1	YES	2 / /	10		If yes, sp	ecify Cub	oan, Maxica Specif	an, Puert	o Rican, etc.)	01110-	Blac		merican Indian, ta, atc.
B	3 Widowed 4 Divorce	ced	,, , , , , , , , , , , , , , , , , , ,	with Oil Die	1123			I 🗌 rea	2 M	apecii	у.					SIAN
ETED		DENT'S EDUC			16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON .	dos	1	8b. KIND OF BU	SINESS/INI			
<u> </u>	Elementary/Secondary (0-1		College (1-4 or 5	+)	life.	Do NOT us	se retired.)	duning mo	St of work	ung						
MP	7th				CAR	PEN	rer					CONSTR	UCT:	ION		
COMPL	17. FATHER'S NAME (First, Mid								7.5			, Middle, Maiden				
B		SMITE	<u> </u>						1	ELA		_	IOXI			
2	19a. INFORMANT'S NAME (Ty))))	r (1) T T								mber, City or Tox				
-		CONDO	JN SM.	ITH	_						r Ki		-			LAND2175
	20a METHOD OF DISPOSITION 1 ABurial 2 Cremation	n 3 🗆 Reme	oval from Stata		other ple	OF DISPOS				ematory or			CATION -			
	4 Donation 5 Other (PENGEE	_ IPR	OSP	ECT				ESS OF FA		MT.	AII	RY,	MA	RYLAND
	21. SIGNATURE OF FULLERALE	/	·	/			22.	NAME A	NU ADDR	ESS OF FA	KCILLITY	136 E	AST	BAI	TI	MORE ST
	17. K	evi	n fue	ly								L HOME			COM	N, MD
	23. PART i. Enter the dis	eases, or o	complications the	caused	ths de	sth. Do r	not sntsr	the mo	de of d	ying, suc	ch as ce	erdisc or resp	iratory sr	rest,		Approximate
	IMMEDIATE CAUSE (Fine	ei													j	Interval Between Onset and Death
	disesse or condition resulting in death)	→	DUE TO	9016	PVA	SCU	LAR	C	DLL	AP.	SE					MINUTES
2	Sequentielly list condition	ons.	b. ATH	EROL	SCL	ERO	TIC	C	ARD	IOVA.	SCL	ILAR	D15 E.	A56		YEARS
CERTIFICATION	if any, leading to immed cause. Enter UNDERLYIN	late	DUE TO	(OR AS A	CONSEC	DUENCE O	F):									
	CAUSE (Disease or injur		C. DUE TO	(OR AS A	CONSEC	DUENCE O	E.								-	
Ē	thet initieted events resulting in desth) LAST			(. ,.								j	
핑			d												1	
A	PART II. Other significen	nt condition	s contributing to	dssth be	ut not r	esuiting	in the ur	ndsrlyin	g ceuse	given in	Part I.	24a. WAS AP		24		E AUTOPSY FINDINGS LABLE PRIOR TO
MEDIC												1 TYES	2X NO		COM	PLETION OF CAUSE LEATH?
뿔															1 🔲	YES 2 NO
ĕ	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:				OTHE		LACE OF	DEATH (C/	heck only	one)				
ls.	1 TYES 2 NO		1 Inpatient 2	ER/Outp	atient 3	X DOA	4 Nur		ne 5 🗆 I	Realdence	8 🗆 01	her (Specify)				
PHYSICIAN:	27. MANNER OF DEATH		28a. DATE Of (Month, I	Pay, Year)		28b. TIM	IE OF JURY	28c. INJ WC	JURY AT		28d. D	EȘCRIBE HOW	INJURY OC	CURED		
B		Pending nveatigation					М		YES 2	□ NO						
		Could not be	28s. PLACE (building	OF INJURY , atc. (Spec	— At ho	me, farm,	street, fac	tory, offic	a			OCATION (Street ity or Town, State		r or Rural	Route	Number,
		evarriinea.														
COMPLETED	anal .		ICIAN: To the best o													
Š	one) 2 MEDIC	CAL EXAMINE	R: On the basis of a	xemination	and/or l	investigatio	on, in my o	opinion, c	death occ	ured at the	time, de	ate and place, a	nd due to t	he cause	(a) and	manner as stated.
ш	296. SIGNATURE AND TITLE	OF CERTIFIER	R	,			_		29c. LI	CENSE NU	MBER		29d, DA	TE SIGNE	D (Mon	th, Day, Year)
TO B	m. I	4.0	Linth	nen	m ;	m.	3.		1).	143	17		00	CTOE	BER	5,1990
F	30. NAME AND ADDRESS OF															
	WILLIAM R	. LIN	THICUM.	М.	D.	1 1	KING	S D	RIV	E 7	L'ANI	EYTOWN	, MA	ARYI	JAN	D 21787
	31. DATE FILED (Month, Days)	90	32/95/NSUN	ARE PURA	Money Co	More										
			U													

			1 - FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIEN REG. NO		
			1. DECEDENT'S NAME (First, Middle, Last)	Chan	D			2. DATE OF DEATH DO	"0 9"	3. TIME OF DEATH
	D	1	4. SOCIAL SECURITY NUMBER 5.	SEX, PAGE (II	yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, War)		RTHPLACE (State or Foreign
mo		/	226-26-0039 1		55 YRS.	9b. CITY, TOWN	OR LOCATION OF DE	10/27/	211	shington, D.C
2, 3 shor		OB	514 Church Road Sou				Marlboro	, ,	Prince	
Pages 1,		REG	10e. STATE 10b. COUNTY	Cooreela		Y, TOWN OR LOCA				10d. INSIDE CITY LIMITS?
permit. P		L DIR	10e, STREET AND NUMBER	George's		pper Mar	f. ZIP CODE		10a. CITIZEN C	TYPYES 2 NO
ISIT		FUNERAL	514 Church Road SOu	th			20772			States
r146 ng physician. he burial-transit		BY FUN	11. MARITAL STATUS 12 1 Never Merried 2 Married 3 Widowed 4 Divorced	WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	U.S. ARMED 2- NO TES	If yes, sp	CENDENT OF HISPAN Decify Cuban, Mexical S 2 NO Specify		or No— 14. R. B	ACE — American Indien, lack, White, atc. pecify:
21203-3146 tal or attending phys for use as the buri			15. DECEDENT'S EDUCATI (Specify only highest grade com		16a. DECEDENT'S	USUAL OCCUPATE work done during me	ON ost of working	16b. KINO OF BU	SINESS/INDUSTR	White
212 oital or d for u		LET	Elementary/Secondary (0-12) C	oflege (1-4 or 5+)	Me. Do NOT us	se retired.)				
AND 2 the hospital detached fo	Once.	COMPL	6th. 17. FATHER'S NAME (First, Middle, Last)		Gutter	Roofing		ME (First, Middle, Meiden	Private	
2 2 8	7	BE C	Oakey V. Sliger					Pullman		
MA retain 5 sh	notified	5	190. INFORMANT'S NAME (Type/Print) Audrey Sliger					Those and for		Maryland 20772
may be	st pe		20e. METHOD OF DISPOSITION XX Burlel 2 Cremation 3 Removal	from State	PLACE OF DISPO	SITION (Name of ce	metery, cremetory or	20c. LO	CATION — City of	Town, State
Page 6 mral director,	er must		Donation 5 Other (Specify) Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify			on Natio	nal Cemer	tery Su	itland,	Maryland
fune fath	examiner		() () () () E	1. (L)),					uneral HOme ryland 20785
by the	or removal.		23. PART I. Enter the diseases, or com	plications that coused	the death. Do					Approximate
D 50	è E		ehock, or hadrt fellure. List IMMEDIATE CAUSE (Final disease or condition				1 7	W / 1 1		Interval Between Onset end Death
6, within 2	event, the		resulting in death)	DUE TO (OR AS A	CONSEQUENCE O	en 18/10	umu	Cardion	de lelle	7
xecuted and com	. 6	Z	Sequentially list conditions,							
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of the sale	E =	CER	resulting in deeth) LAST							
DS at the by the	일 '그	CAL	PART ii. Other significant conditions c	ontributing to deeth be	ut not resulting	In the underlying	ng ceuse given in	Part i. 24s. WAS AN PERFOI		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
RECORD v requires that to been signed by	shows an	MEDIC						1 YES :	≥ ♠ NO	OF DEATH?
AL RECOR he faw requires the has been signed	Dept. of									
F 5	State Dept.	PHYSICIAN:		OSPITAL:		OTHER:	PLACE OF OEATH (Ch			
SICIAL	e a	HYS	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b, TIA	ME OF 28c, IN	me 5 Residence JURY AT ORK?	28d. DE\$CRIBE HOW	INJURY OCCURE)
	death wi	BY	1 Natural 5 Pending 2 Accident Investigation	13.00000000		M 1 🗆	YES 2 NO			
DIVISION OR ATTENDING DIRECTOR: After	after 28 i	ETED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At nome, farm,	street, factory, offi	ce	28t, LOCATION (Street City or Town, State		ral Houte Number,
DIV		COMPLE	Check only	N: To the best of my knowl						
HOSPITAL	within TANT:		2 MEDICAL EXAMINER: C	on the basis of examination	end/or investigati	on, in my opinion,	death occured at the			se(e) and manner se stated. NED (Month, Day, Year)
THE THE	S e	TO BE	Augusts 4	Krange	ugn	10	1212	30	19-	28-90
5)		F	30 NAME AND ADDRESS OF PERSON WHAT C	COMPLETED CAUSE OF DE	10. 57)	29 B	upun	· Ct Cn	Shi	M 20748
		1	31. DATE FILED Month, pg	THE DEVICES	Mindall	/	11	-	1	

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within comouns after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be and within 20 hours after death with the State hard of Health and Mental Hodelm prior to build, commation, or removal.	IMPORTANT: It liem 28 is marked, or flem 23 shows any injury, or other traumatic event, the medical examiner must be notified at
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		FOR	STATE OF N	MARYLAN	D / DEPAR	ITMEN'	T OF H	EALTH	AND I	MENTA	I HYGIEN	F	90	2	88	81
		- STATE REGISTRAR			CERTIF					WIE WITH	REG. NO					
		1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF OEATH	AX	YEAR	3. TIN	E OF OEA	TH
1		Mildred Jean Sha								-	9/30/9	0			835a	
k	П	4. SOCIAL SECURITY NUMBER	5. SEX		rs. lest birthday)	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.		0F BIRTH 716/26		8. BIRTH Count	HPLACE (Y)	(State or F	Foreign
1	/	166 20 7720	- 45	64	YRS.						170/50				Lvani	La
۲.	-	9a. FACILITY NAME (If not institution, give si					, TOWN O						INTY OF D			
DIOTO STORY	5	Calvert Memorial I	ospitat			Lr.	ince	rrec	der.T	CK		(a	lver	t .		
1 2	į	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION						10d. I	NSIDE CIT	γ
Ž	5	Maryland Calve	rt		Non	th I	Beach	1							YES 2 K	NO
3	1	10e. STREET AND NUMBER					101.	ZIP COD	E			10g. CIT	TIZEN OF V	WHAT C	OUNTRY?	
CINICOAL		3631 7th St.					2	20714	4			U	.S.A.	•		
	5	11. MARITAL STATUS	12. WAS DECEOEN FORCES? 1	T EVER IN U.S	S. ARMED	13.	WAS DECI	ENOENT C	F HISPAN	NIC ORIGI	N? (Specify Ye Rican, etc.)	s or No—	14, RACI	E — Am	erican Ind	llen,
2		1 Never Married 2 Married 3 Widowed 4 Olvorced	IF YES, GIVE V	WAR OR DATE	S		1 TES				,		Spec	tty:	ite	
	- 10	15. OECEDENT'S EDU	CATION	16.	a. DECEOENT'S	HEDAL C	CCLIBATIO	·M		140	. KIND OF BU	CINECO /IN	POLICETON	WII	rte	
I	COMPLEIED	(Specify only highest grade Elementary/Secondary (0-12)	completed)		(Give kind of life. Do NOT u	work done se retired.)	during mod	st of worldi	ng	100	I. KIND OF BO	SINESS/RV	DUSTRY			
6	2	1 2.	College (1-4 or 5		Secreta	arv					Machin	ist	Unio	n		
1	5	17. FATHER'S NAME (First, Middle, Lest)						18. MOT	HER'S NA	_	Middle, Malden					
		Joseph Bender						Ma	artha	a Ku	terovi	CZ				
20		19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRES	S (Street a	nd Number	r or Rural I	Route Nun	ber, City or Tov	m, State, Zi	ip Code)			
Ş	-	Everett A. Sharp	3		3631	7th	St. N	Vorth	n Bea	ach,	MD.	2071	4			
		20a. METHOD OF DISPOSITION 1 ☐ Burial 2 🏋 Cremation 3 ☐ Rem	oval from State	20b. PL	ACE OF DISPO	SITION (N	eme of cen	netery, crer	natory or		20c. LC	CATION -	- City or To	own, Str	nte	
		4 Donation 6 Other (Specify)	f		dar Hi						Su	itla	nd, 1	MD.		
	ł	21 SIGNATURE OF FUNERAL SERVICE LIC	EHSEE				NAME AN					430	8 Su:	i + 1 a	and I	24
		Draga /	(Au	hour		Ro	obert	Ε.	Will	helm	, Inc.	Sui	tland	d. I	MD.	20746
		23. PART I. Enter the diseases, or o	complications the	et coused th	e deeth. Do	not ente	r the mo	de of dy	Ing, suc	h se cei	diec or resp	iratory s	rreat,	1	Approxim	nate
		shock, or heert fellure. IMMEDIATE CAUSE (Final	Liet only one car	use on each	i line.										interval i Onset ar	Between and Death
		disease or condition resulting in death)	CAR	cunon	w OF	= 8	301	PHA	605	5				1		
		leading in death)			NSEQUENCE O			.,,,,								
1	z I	Sequentially list conditions,	b													
	EHILLAHON	If any, leading to immediate	DUE TO	(OR AS A CO	INSEQUENCE O	F):								-		
3	2	CAUSE (Disesse or Injury	C. DUE TO	(OR AS A CO	ONSEQUENCE O	E.										
		that initiated events resulting in death) LAST	DOE TO	(On AS A CC	MSEGOENCE C	r.								ĺ		
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-	4	PART II. Other significant condition	s contributing to	death but	not reculting	In the u	nderlying	g cause	given in	Part I.	24a, WAS AI PERFO		241		AUTOPSY ABLE PRIO	
1 2	MEDICAL										1 TYES	2 NO		OF DE	LETION OF	CAUSE
	Ž I					_								1 🗆	YES 2	NO NO
1	PHTSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF C	DEATH (Ch	heak only d	nne)					
0	2	1 YES 2 NO	1 Inpatient 2		ont 3 🗆 DOA		raing Hom		esidence	8 🗆 Oth	er (Specify)					
2	2	27 MANNER OF DEATH 1 Netural 8 Pending	28s. DATE Of (Month, I	F INJURY Day, Year)	28b. Til	JURY		PHK?		28d. Di	SCRIBE HOW	INJURY O	CCURED			
2	2	2 Accident Investigation				М		YES 2 [_ NO							
		3 Suicide S Could not be 4 Homicide determined	building	, stc. (Specify)	At home, farm,	atreet, fac	ctory, offic	•		281. LO	CATION (Street or Town, State	and Numb	er or Runal	Ploute N	lumber,	
	COMPLEIED	AND CERTIFIED				_								_		
3	1 1	(Check only	CIAN: To the best o													****
3	3	2 MEDICAL EXAMINE	A	examination er	na/or investigati	on, in my	opinion, d				e and place, a					100110
i u	u l	29b. SIGNATURE AND TITLE OF CENTURE	7 mil	20					ENSE NU		7	29d. DA	TE SIGNE	D (Mont)	h, Day, Yea	7)
	2	30. NAME AND ADDRESS OF PERSON WH	N Town	DE OF DEATH	I STEM AT CO.	- D-(-4)		C	OT	60	/		7/	30/	10	

Prince Frederick 20678 Dr. Tudge Prin 31. DATE HLED (Month, Day, Year) OCT 0 3 90 Md

32. REGISTRAR'S SIGNATURE Julia Davidson-Rondell

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CERTIFICATION

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DIRECTOR; After the hours after death v

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90 28882 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH Jennie Maria Sparacino 9 / 30/ 90 0700 2 A SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS 577 20 3250 Italy 5/5/09 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF OEATH 9c. COUNTY OF DEATH DIRECTOR Calvert Memorial Hospital Prince Frederick, Md Calvert RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Lothian Anne Arundel YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? 20711 200 Wayson Mobile Court USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-if yee, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY Specifichite 60 15. OECEDENT'S EDUCATION 18a. OECEDENT'S USUAL OCCUPATION 165 KIND OF BUSINESS/INCUSTRY (Specify only highest grade comp COMPLET Elementary/Secondary (0-12) College (1-4 or 6+) 5 Housewife Own Home 18. MOTHER'S NAME (First, Middle, Maiden Surnam 17. FATHER'S NAME (First, Middle, Last) Michael De Maio Portia Della Vella BE 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19s. INFORMANT'S NAME (Type/Print) Rosalie Porter 200 Wayson Mobile Ct., Lothian, MD 20711 20a METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State Mt. Olivet Cemetery Washington, DC 4 Donation 5 Other (Specify) 21. SIGNATURE DEPARTMENT SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Rendon-Hale Lanham Funeral Home, PA 20706 9013 Annapolis Rd., Lanham, MD that the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate tk, or heart fellure. List only one cause on eech line. Interval Between Onset and Death IMMEDIATE CADSE (Finel disease or condition

CARDIAC ARRAYTHMIA 2 WEEKS resulting in death) QUE TO (OR AS A CONSEQUENCE OF): CONGESTIVE NEARS ENLURE Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY

PULMONARY EMBOLUS 1 TYES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 26b, TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCUREO 1 Natural 5 Pending 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide

29e. CERTIFIER

//Check aniv

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE BIGNED (Morsh, Day, Year) 29657 30/90

PLATED CAUSE OF DEATH (ITEM 27) (Type, Print)

Dr Judge, MD Frederick. Prince MD 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

a Davidson-Randall 4 '90

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в ша	ate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page		Janu
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PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	this ce	th with the State Dept. of Health	APORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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HE HOSPITAL OR ATTENDI	HE FUNERAL DIRECTOR: After	fter d	80
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10	TO T	be filed within 72 hours after death	IMP

	FOR STATE OF MARYLAND STATE OF MARYLAND C			F HEALTH		IENTAL HYGIENI REG. NO.	9 (3 28	3883
	1. DECEDENT'S NAME (First, Middle, Last)	OINCE	m			2. DATE OF DEATH DAY	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ZEAR 3. TIM	E OF DEATH
v	LEWIS ALVIN S 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. In		IF UNDER 1 YE	AR IF UNDER	24 HRS.	OCT. 07,	1990	BIRTHPLACE	4:00 P M
	213-01-5584 XDM2DF 73	YRS.	T	YS HOURS	54454	JAN. 4, 19		Country)	YLAND
- 4	9a. FACILITY NAME (If not institution, give street and number)		96. CITY, TO	WN OR LOCATI				Y OF DEATH	
OR	803 ACADEMY AVE.		OWIN	GS MIL	LS		BAL	PIMORE	
E [™]	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR L	OCATION				10d, IP	NSIDE CITY
DIRECTOR	MARYLAND BALTIMORE	OW	INGS M	ILLS					IMITS? YES 2 🕅 NO
	10e. STREET AND NUMBER			10f, ZIP COD	E		10g. CITIZE	N OF WHAT CO	OUNTRY?
FUNERAL	803 ACADEMY AVE.			2111	7		USA.		
E	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEOENT EVER IN U.S. A FORCES? 1 YES 2 X	NO	It ye	s, specity,Cubi	n, Maxican	C ORIGIN? (Specify Yea , Puerto Rican, atc.)	or No- 14	RACE — Ame Black, White	erican Indian, , etc.
ВУ	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES		10	YES 2 A NO	Specify:			Specify: WI	AUTUNG
2			USUAL OCCU	PATION og most of worki	ng.	16b. KIND OF BUS	INESS/INDUS	YPT	
<u> </u>	Elementary/Secondery (0-12) Collega (1-4 or 5+)	le. Do NOT u	se retired.)		•				
COMPLETED	6	LE	AD GRO	UNDSMA		BOARD		UCATION	N
	17. FATHER'S NAME (First, Middle, Last) HUGO L. A. SCHMIDT			16. MOT		BESSIE MAY		D	
BE		96. MAILING	ADDRESS (St	reet and Numbe		oute Number, City or Town			
2	CAROLYN A. SCHMIDT	803 A	CADENY	AVE.,	OWIN	WGS MILLS,	MD.	21117	
	1 (A/Burial 2 Cremation 3 Removel from State Other)	place)		of cometery, crei				y or Town, Sta	
	4 Donation 5 Other (Specify) GRAC.	E MET				TETTERY REI			
	19800 A		22. NA	WE AND ADDRE	SS OF FAC	CHINGS			
	22 PATTI ENGLISHED	took Be				OWINGS 1			
	23. PART I. Enter the diseases, or complications that caused the cause or heart fellure. List only one cause on aech lin	18.	not antar the	n mode or dy	ing, aucn	se cerdiac or reepii	ratory arres	1	Approximata interval Between Onset and Death
	IMMEDIATE CAUSE (Finel disease or condition	12	cain	Alco	olco	~			Oliset and Death
	resulting in death) s. The Lustette DUE TO (OR AS A CONS	EOUENCE O	F):	1000	1000				
Z	Sequentially list conditions.	icen	cra	to Li	in)	Braun			142
ATI	If any, leading to immediate cause, Enter UNDERLYING	EQUENCE O	PF):						
은	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONS	EQUENCE O	F):						
CERTIFICATION	resulting in death) LAST								
	PART ii. Other significant conditions contributing to death but not	t resulting	in tha unda	riying cause	given in F	Part I. 24e. WAS AN	AUTOPSY	24b. WERE	AUTOPSY FINDINGS
ICAL	Hypertenson, Chrone obst	ruchu	Lun	Disco	1	PERFOR 1 TYES 2		COMPL	ABLE PRIOR TO LETION OF CAUSE
	Schule Discrete, Berns P				coh			OF DE	YES 2 NO
z	0		4	J'					
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		OTHER:	28. PLACE OF					
TYS	1 ☐ YES 2 1 NO 1 ☐ Inpetient 2 ☐ ER/Outpatient 27. MANNER OF DEATH 28s. DATE OF INJURY	3 DOA		c. INJURY AT	- 7	Describe How it	UURY OCCU	RED	
	1 Netural 5 Pending (Month, Day, Year)		JURY	WORK?					
D BY	2 Accident investigation 3 Suicide 6 Could not be building, atc. (Specify)	home, farm,	street, factory,	office		28f. LOCATION (Street a City or Town, State)	nd Number or	Rural Route Nu	umber,
	4 Homicide datarmined					ony or rown, outly			
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge,	death occur	red at the time	, data and place	e, and dua t	to the cause(a) and man	ner as stated	l.	
S	one) 2 MEDICAL EXAMINER: On the basis of examination and/o	or investigati	on, in my opin	lon, death occu	red at the t	time, data and pieca, an	d due to the	cause(a) and n	nanner as stated.
BE (29b. SIGNATURE AND TITLE OF CERTIFIER				ENSE NUM			SIGNED (Month	
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (1)	EM 27) /5~	e Print)		2506			7-8-	
	GARN A. MANKO M. IIE	Cheo	that	Hu L	one,	Rasteste	WN,	MD 2	1130
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S/SIGNATURE			····			···. •		
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BALTIMORE, MARYLAND 21203-3146	The law requires that the death certificate be executed within as after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 under the help be fleed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
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13146,	executed wi	n and comple to burial, cre	imatic eve
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1TAL RECORDS, P.O. BOX 13146,	.N: The law requires that the death certificate be executed with	ficate has been signed by the attending physician and comple State Dept. of Health and Mental Hygiene prior to bunial, cre	Hem 23 shows any Injury, or other traumatic eve
N OF VITAL RECORDS, P.O. BOX 13146,	G PHYSICIAN: The law requires that the death certificate be executed wit	er this certificate has been signed by the attending physician and compli- ith with the State Dept. of Health and Mental Hygiene prior to burial, cre-	parked or item 23 shows any injury or other fraumatic eve
IVISION OF VITAL RECORDS, P.O. BOX 13146,	IR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wit	IRECTOR: After this certificate has been signed by the attending physician and comple wis after death with the State Dept. of Health and Mental Hygiene prior to burial, ore	am 28 is marked or item 23 shows any injury or other traumatic eye
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comple within 72 hours after death with the State Deot. of Health and Mental Hypiene prior to burial, ore	IMPORTANT: It lear 28 is marked or lies 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once

	1. DECEDENT'S NAME (First, Middle, Last)	ARIE SH	ASHARP	LESS-		2. DATE O	F DEATH	199	900	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER S.		n yrs. last birthday) 65 yrs.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE O	F BIRTH / 2	5		PLACE (State or Foreign RYLAND
NO.	9a. FACILITY NAME (If not institution, give street 106 N. MAIN ST.	and number)			ON BRID			9c. COUN	RRO]	
DIRECTOR	10a. STATE 10b. COUNTY AR	RROLL	10c. Of 6	A I CON BR	TDGE					10d. INSIDE OTTO LIMITSE LIS
FUNERAL	100. STREET AND NUMBER IN ST.				10f. ZIP CODE	21791		10g. CITIZ	EN OF W	HAT SOUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes,	ECENDENT OF HIS specify Cuben, Ma ES 2 NO Sp			or No-	Black	— American Indian, , White, atc. WHITE
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12) N/A	ION npleted) College (1-4 or 5+)	Ille. Do NOT us	vork done during		18b.	KIND OF BUS	INESS/INDU	JSTRY	
BE CON	17. FATHER'S NAME (First, Middle, Last) JOHN LUTHER SHARI	PLESS				NAME (First, M ROSA AN				
TO E	19a. INFORMANT'S NAME (Type/Print) NINA MARTIN			ADDRESS (Stree N. MAIN	t and Number or Ri		BRID			MD 21791
I MUSIC	1 Buriel 2 Cremetion 3 Removal 4 Donation 5 Other (Specify)	I from State	PLACE OF DISPOS	REEK CE	METERY				IEW I	WINDSOR, MD
examine	21. SIGNATURE OF FUNERAL SERVICE LICENS	- Warts	lew	22. NAME	UN	FACILITY ION BRI			(TZL)	ER & SUNS
ry, or other traumant event, the means	23. PART I. Enter the diseasea, or come ahock, or heart failure. List immediate or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	consequence of	it Protic						Approximate interval Between Onset end Death I O M IN Pase 10 94
MEDICAL	PART II. Other algolificant conditions c	contributing to death b	ut not resulting I	n the underly	ing cause giver		PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:		IOSPITAL:		OTHER:	PLACE OF DEATH	(Check only one)			
	2 MANNER OF OEATH Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY	OME Maide	28d. OES	(Specify)	NJURY OCC	URED	
	2 Accident Investigation 3 Suicide a Could not be datarmined	28e. PLACE OF INJURY building, stc. (Spec	— At home, farm, (street, factory, or	ffice		TION (Street a Fown, State)	and Number	or Rural R	loute Number,
COMPLETED	and	N: To the best of my know On the bests of examination) and manner as stated.
B B	29b. SIGNATURE AND TITLE OF CERTIFIER	m. left	M	9	29c. LICENSE	NUMBER 0330		29d. DATE	SIGNED	(Month, Day, Year)
T 0	30. NAME AND ADDRESS OF PERSON WHO C	51) 150 M	Print)	DUR	MS	2. 1	119)	
	31. DATE FILED (Month, Day, Year)	32. RESTANDAIGN	Parles Novies		/	,			1	

DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within the State begt, of Health and Mental Hygiene prior to burial, remarklon, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL DR ATTENDING PHYSICIAN: The 18 THE FUNERAL DIRECTOR: After this certificate has filled within 72 hours after death with the State De PORTANT: If Item 28 is marked, or Item 2.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		RTMENT OF H		IENTAL HYGIEN		28885
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	WILLIAM ASH	ER SCHOOL	NOVER		k	OCTOBER 6,		3:40 A. M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. In	nst birthday)		IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIF	RTHPLACE (State or Foreign untry)
	233-22-1000	1 № M 2 □ F 69	YRS.	MONTHS DAYS		9-21-21	WE	ST VA
m	9a. FACILITY NAME (If not institution, give str	et and number)			R LOCATION OF DEA	АТН	9c. COUNTY OF	
DIRECTOR	Memorial Hospital			Cumber1	and		Allega	ny
띭	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	ION			10d. INSIDE CITY
	WEST VA MINE	RAL	R	IDGELE	L			1 TYES 2 NO
34	10e. STREET AND NUMBER			10	ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
FUNER	ROUTE 1, BOX 58				26753		USA	
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES		If yes, ep	ocify Cuben, Mexican		Bi	ACE — American Indian, ack, White, atc.
월	3 Widowed 4 Divorced	W.W.II		1 TES	2)()(NO Specify:		Sp	WHITE
	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION 16a. D		USUAL OCCUPATION		16b. KIND OF BUS	SINESS/INDUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	fe. Do NOT u	ise retired.)	•	WESTE	ERN MAI	RYLAND
COMPLET	17. FATHER'S NAME (First, Middle, Last)		ENGI	NEER			2040	
	WILLIAM M. SCHO	IONOVED				IE (First, Middle, Maiden		r
8	19a. INFORMANT'S NAME (Type/Print)		9b. MAILING	O AOORESS (Street		Oute Number, City or Tow		
임	RUTH C. SCHOONC					DGELEY,		
	20a. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Remo	20b. PLAC			netary, cramatory or		CATION — City or	
	4 Donation 5 Other (Specify)			MEMORIA	L PARK	C	UMBERL	AND, MD
	21. SIGNATURE OF FUNERAL SERVICE LICE	0			D ADDRESS OF FAC		JEDAI 1	HOME, P.A.
	Mendy P	bocheyer				,		0.MD 21502
П	23. PART I. Enter the disease, or co	omplications that caused the class only one cause on each list	death. Do	not enter the me	de of dying, such	es cerdiec or respi	iretory errest,	Approximate Interval Between
1 1	IMMEDIATE CALLES (Fine)	·	16.					Onset and Death
	disease or condition resulting in death)	SEPSIS						30AYS
		SMALL I	EOUENCE O	OF):	FISTY	1 1		8DAYS
RTIFICATION	Sequentially list conditione,	DUE TO (OR AS A CONS	EOUENCE O)F):	. 1310	L 17		
I &	If sny, leeding to immediate cause. Enter UNDERLYING	SMALL INTE	ESTIN	AL OB	STRUCTIC	on-AD,	HESION	US 450AYS
Ě	that initiated events	DUE TO (OR AS A CONS	EOUENCE C	OF):				
CER	resulting in deeth) LAST	•						
AL C	PART II. Other significent conditions					Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	SMALL INTESTI		TIC	DISRUP	TION	1 □ YES 2		COMPLETION OF CAUSE OF DEATH?
MEDIC	RENAL FAIL							1 TES 2 NO
ä	POSSIBLE APVLT	- RESPIRATOR	ey.	PISTRE.	rs synox	esma		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (Che	ck only one)		
ΥS	1 YES 23CHO 27. MANNER OF DEATH	Impatient 2 - ER/Outpatient		4 - Nursing Hor	ne 5 🗆 Rasidenca (
1	1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TII	IJURY W	JURY AT DRK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCURED	,
B	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY — At	home, farm,			281. LOCATION (Street	and Number or Ru	ral Route Number,
TED	4 Homicide 8 Could not be	building, atc. (Specify)				City or Town, State)	
E	29a. CERTIFIER Check only	CIAN: To the best of my knowledge,	death occur	red at the time, dat	and place, and due	to the cause(s) and me	nner as stated.	
COMPLET	One)	R: On the basis of examination and/o						as(a) and menner as stated.
E C	296. SIGNATURE AND TITLE OF CERTIFIER	1		· · ·	29c. LICENSE NUM	BER	29d. DATE SIG	NEO (Month, Dey, Year)
00	11 Selva	ell me).			D17456		10/1	0/90
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (IT	TEM 27) (Typ	e, Print)	1000 Table		uic de la company	
	Dr. Philip Schroe	der Memorial I	lospi	tal Cum	berland.	Md. 2	1502	
	3) DATE FILED (MON199000) Julia	, Javidson Signature						
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IAN: The law require riflicate has been signe State Dept. of Hector Item 23 shows	
SICIAN: The law require certificate has been sign the State Dept. of Hec. or Heart 23 shows	
PHYSICIAN: The law require this certificate has been significate has been significant the State Dept. of Heatled. or Heatled.	
G PHYSICIAN: The law require or this certificate has been sight or with the State Dept, of Hes	
DING PHYSICIAN: The law require After this certificate has been sig death with the State Dept. of Hee marked, or Nem 23 shows	
ENDING PHYSICIAN: The law require DR: After this certificate has been sign fer death with the State Dept, of Hes B is marked or Nem 23 shows	
ATTENDING PHYSICIAN: The law require ECTOR: After this certificate has been sign as after death with the State Dept. of Hec 128 is marked or Nem 23 shows	
OR ATTENDING PHYSICIAN: The law require JORECTOR: After this certificate has been sign ours after death with the State Dept. of Hea law 28. is marked, or Hem 23 shown	
AL OR ATTENDING PHYSICIAN: The law require AL DIRECTOR: After this certificate has been sign 2 hours after death with the State Dept. of Het Hom 28 is marked, or Hem 23 shown	
PITAL OR ATTENDING PHYSICIAN: The law require FRAL DIRECTOR: After this certificate has been sign In 72 hours after death with the State Deet, of Hea	
HOSPITAL OR ATTENDING PHYSICIAN; The law require UNEFUNEAL DIRECTOR: After this certificate has been signified a hours after death with the State Deet, of Heavith 72 hours after death with the State Deet, of Heavith 124 hours 28 shows 28 the marked, or floor 23 shows	
IE HOSPITAL OR ATTENDING PHYSICIAN; The law require IE FUNEAL DIRECTOR: After this certificate has been sig of within 72 hours after death with the State Deept, of Het MATARY Harm 28, is marked, or Hem 23 shows	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2stricurs after death. Page 6 may be retained by the TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be dibed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTABLY HAM 28 is marked, or Hem 23 shows any Injury, or other traumstic event, the medical examiner must be notified at o	

	1. DECEDENT'S NAME (First, Middle, L ROBERT GE	RALD SHOCK	LEY, JR.						2, DATE OF DE MONTH	DAY	90	YEAR	TIME OF OEATH								
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER		IF UNDER		7. DATE OF BIF (Month, Day,	TTH Year)			ACE (State or Forei								
1	222-18-5776	1 🔀 M 2 🗌 F	58	YRS.	MONTHS	DAYS	HOURS	MIN.	Oct. 31	, 193	31		aware								
	9a. FACILITY NAME (If not institution, g	give street and number)			9b. CITY,	TOWN OR	LOCATIO	N OF DE	ATH	90	COUNT	Y OF DEA	гн								
DIRECTOR	Union Hospital		County		El	kton					Cec	il									
ក្ត	RESIDENCE OF DECEDENT			10c. CIT	Y. TOWN C	R LOCATIO	ON					10	M. INSIDE CITY								
E .	Delaware N	New Castle		Wi	lmin	aton							LIMITS?								
	10e. STREET AND NUMBER	ion dubulo		1			ZIP CODE			10	g. CITIZE		AT COUNTRY?								
FUNERAL	14 Glenbarry D			_	.A.																
	11. MARITAL STATUS	12 WAS DECEDED	ghland	PMEO	13. 1		1980		IIC ORIGIN? (Spe	city Yes or I			American Indian								
	1 Never Married 2 Married	FORCES? 1	YES 2 WAR OR DATES	NO		lf yes, spec	city Cuber	, Mexica	n, Puerto Rican,				Vhite, etc.								
0	3 Widowed 4 Divorced	IF YES, GIVE Y	MAN ON DATES			I 🗌 YES 2	Z KI NO	Specify	7		2	Specify:	White								
9	15. DECEDENT'S			ECEDENT'S					16b. KIND	OF BUSINE	SS/INDU	STRY									
	(Specify only highest selementary/Secondary (0-12)	College (1-4 or 5	- ila	Give kind of e. Do NOT u	work done (se retired.)	uuring most	or working	V	Own	dent											
COMPLE		5+	C	hemis	st				Bra	ical Co											
	17. FATHER'S NAME (First, Middle, Las	()					18. MOTH	ER'S NA	ME (First, Middle,	Maiden Sum	ame)										
BEC	Robert	G. Shockle	ey, Sr.		Adeline D. Solia						a										
	19a. INFORMANT'S NAME (Type/Print)		1	19b. MALLING ADDRESS (Street and Number or Fural Route Number City or Rown, State, Zip Code) 14 Glenbarry Drive, Highland West																	
2	Betty May Care	Y Shockle	v		ninat			198		nu we	SL										
	20a. METHOD OF DISPOSITION OC 1 St Burlal 2 Cremation 3			OF DISPO				atory or		20c. LOCATI	ION — CI	ty or Town	, State								
	4 Donation 5 Other (Specify) All Saints Cemetery Wilmington, Delaware																				
	Hicks Home for Funerals, P.A.																				
	Bow and Stockton Streets Elkton, MD 21921																				
-	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate																				
	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and D																				
	disease or condition		10.1	0		mareaman	/						16.								
	resulting in death)	DUE TO	OF AS A CONS	IQUENCE O	P): W	M	19						1119								
7		Pu	111	Section Con-	11	7							1/4								
S .	Sequentially list conditions,	b. DUE TO	OF AS P CONS	EQUENCE (F): Und								100								
\simeq	if any, leading to immediate cause. Enter UNDERLYING																				
MATIC	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A GONSEQUENCE OF):																				
IFICATION	that initiated events resulting in death) LAST																				
RTIFICATION									Deat las	WAS AN AUT	manev		ERE AUTOPSY FIN								
O	resulting in death) LAST	litions contributing to	o death but not	regulting	In the u	nderhdaa	COURA	shann In				A	MAILABLE PRIOR T								
O		titiona contributing to	o death but not	resulting	In the ur	nderlying	cause g	given in		PERFORME	1										
5	resulting in death) LAST	ditiona contributing to	o death but not	resulting	In the ur	nderlying	cause g	jiven in		PERFORME	1	0	F DEATH?								
MEDICAL C	resulting in death) LAST	ditiona contributing to	o death but not	resulting	In the ur	nderlying	cause (jiven in		PERFORME	1	0									
MEDICAL C	PART II. Other significant cond		o death but not	resulting	In the ur				1□	PERFORME	1	0									
MEDICAL C	PART II. Other significant cond 25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:	0		In the us	26. PL/				PERFORME	1	0	F DEATH?								
MEDICAL C	PART II. Other significant cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpetlent	3 🗆 DOA	OTHE	26. PL/ R: rsing Home	ACE OF D	EATH (Ch	1 □ eck only one) 6 □ Other (Spe	PERFORME YES 2	,NO	1									
MEDICAL C	PART II. Other significant cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpetient 2 28a. DATE (Mohth,	ER/Outpetlent	3	OTHE	26. PL/ R: rsing Home 26c, INJL WOF	ACE OF D	EATH (Ch	1 [PERFORME YES 2	,NO	1									
PHYSICIAN: MEDICAL C	PART II. Other significant cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetion 2 28a. DATE O (Mohit),	ER/Outpetlent F INJURY Day, Year)	3 DOA	OTHE 4 Nui ME OF JURY	28. PL/ FR: rsing Home 28c. INJL WOF 1 Y	ACE OF D 5	EATH (Ch	eck only one) 6 □ Other (Spe 28d. OE\$CRIB	PERFORME YES 2	NO NO	JRED C	YES 2 N								
D BY PHYSICIAN: MEDICAL C	PART II. Other significant cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigs 2 Accident Investigs 3 Suicide 6 Could no	HOSPITAL: 1 Inpetient 2 28a. DATE O (Mohit), stion 28e. PLACE building	ER/Outpatient	3 DOA	OTHE 4 Nui ME OF JURY	28. PL/ FR: rsing Home 28c. INJL WOF 1 Y	ACE OF D 5	EATH (Ch	1 □ eck only one) 6 □ Other (Spe	PERFORME YES 2 Colly) E HOW INJU	NO NO	JRED C	YES 2 N								
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32. REGISTRAR'S SIGNATURE

Gulia Davidson-Randale 31. DATE FILED (Month, Day, Year)

DHMH-16 Rev 1/89

TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
i examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
val.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
the funeral director, page 5 should be detached	TO THE FUNEGAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
er death. Page 6 may be retained by the hospi	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a consistence after death. Page 6 may be retained by the hospi
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OR	9a. FACILITY NAME (If not institution, give street Washington County	ALL PROPERTY.		Hager:	R LOCATION OF DE STOWN	ATH T	9c. COUNTY					
DIRECTOR	Maryland Washi	ngton	10c. CITY, TOW Hag	N OR LOCAT	_			10d. INSIDE CITY LIMITS? 1 YES 2 NO				
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BE COM	17. FATHER'S NAME (First, Middle, Ligst) Joseph A. Davis				16. MOTHER'S NAI Maude	F. Saund	Surneme) ers					
TO B	Jean Shank 1042 St. Clair St., Hagerstown, Md. 21740											
	20e. METHOD OF DISPOSITION 1 \overline{\text{M} Burial} 2 \overline{\text{Cremation 3}} \overline{\text{Removal from State}} \end{align*} 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place). Rest Haven Cemetery 21c. LOCATION - City or Town, State 4 \overline{\text{Donestion 5}} \overline{\text{Other (Specify)}} \end{align*} Rest Haven Cemetery 22c. LOCATION - City or Town, State Hagerstown, Maryland 23c. Name and Address of Facility MINNICH FUNERAL HOME											
	23. PART I. Enter the dieeesee, or com shock, or heert fellure. Lie	nplicetione that caused the de-						t, Approximate interval Between				
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	BILATERI DUE TO (OR AS A CONSEC		NEC	enunid	+ Ans)	Onset and Death				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST											
MEDICAL C	PART II. Other significent conditions of	contributing to deeth but not n	esuiting in the	underiyin	g ceuse given in		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPIFAC:	OT	26. PI HER:	LACE OF DEATH (Ch	eck only one)						
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ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 🗆	YES 2 NO	201 LOCATION (Street	and Number or	- Gural South Murchar				
3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)												
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	31. DATE FILED CT th. Day 1 1601 90	32. REGITTAR'S CHNATURE	Bondesse		122							

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BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pabe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
RDS, P.O. BOX 13146,	that the death certificate be executed within	ed by the attending physician and completel in and Mental Hygiene prior to burial, crema	any injury, or other traumatic event,
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	E HOSPITAL OR ATTENDING PHYSICIAN: The law requires	IE FUNERAL DIRECTOR: After this certificate has been sign of within 72 hours after death with the State Dept. of Healt	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	HEGISTHAH		C	CHILL	ICATE OF	DEALL	REG. N	0.					
	1. DECEDENT'S NAME (First, Middle, Last) Leonita Gertrude	СМТТН					2. OATE OF GEATH MONTH October	DAY 1	1 OOO	7:00 A M			
- 8	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	- 4 - 6 - 1 - 1 - 1 - 1				11,		LACE (State or Foreign			
	214-09-5805	1 M 2 X F	81	YRS.	MONTHS DAYS	HOURS MIH.	7. DATE OF BIRTH (Month, Day, Year) Aug. 1, 1	909	Mary	land			
	9a. FACILITY NAME (If not institution, give st				96. CITY, TOWN	OR LOCATION OF OR	ATH		INTY OF DE				
TOR	31 Randolph Avenu	1e			Нае	erstown		Washington					
DIRECTOR	Maryland Wash	nington			y, town or Loca Hagersto		-			Od. INSIDE CITY LIMITS? YES 2 NO			
FUNERAL	100. STREET AND NUMBER 31 Randolph Avenu	1e			10	1. ZIP CODE 21740		10g. CITIZEN OF WHAT COUNTRY? USA					
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	T EVER IN U.S. A YES 2 X WAR OR DATES		If yes, s		NIC ORIGIN? (Specify in, Puerto Ricen, etc.) /:	Yes or No-	14. RACE - Black, Specify. Whit	- American Indian, White, etc.				
8	15. DECEDENT'S EDUC		16e, O	ECEDENT'S	USUAL OCCUPAT	ON	18b. KIND OF I	USINESS/IN	DUSTRY				
COMPLETED	(Specify only highest grade Elementery/Secondary (0-12)	College (1-4 or 5	126	n. Do NOT u	work done during m se retired.) sewife	ost of working							
	17. FATHER'S NAME (First, Middle, Lest) Lester L. Myers						ME (First, Middle, Maid ie Moser	en Sumeme)					
TO BE	190. INFORMANT'S NAME (Type/Print) Marvin W. Smith		11				Route Number, City or gerstown,						
20e. METHOO OF DISPOSITION 1 & Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cametery, cramatory or Rose Hill Cemetery Hagerstown,													
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MINNICH FUNERAL HOME												
	Scotto	Vin	nuch	2				agers	town,	Md. 21740			
	23. PART I. Enter the diseases, or o	complications the	t caused the d	eeth. Do	not enter the m	ode of dylng, suc	h se cardisc or re	spiratory si	rrest,	Approximate			
	ahock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Carc	inon	a 1		t une	retos	fosis	Į.	Interval Between Onset and Death			
SATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING												
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO	(OR AS A CONSE	EOUENCE C	PF):		- 7.						
	PART II. Other significant condition	s contributing to	deeth but not	resulting	in the underlying	g cause given in		AN AUTOPSY		WERE AUTOPSY FINDINGS			
EDICAL	Congestine	floor	10	ille	re		10000	2 NO		MAILABLE PRIOR TO COMPLETION OF CAUSE			
Ξ	ntitrol	Regu	terta	un	1 0	wil		- 90.0		OF DEATH?			
AN	25. WAS CASE REFERRED TO MEDICAL	use	TUBLE	ing	an.								
PHYSICIAN:	EXAMINER?	HOSPITAL:	7		OTHER:	LACE OF DEATH (C)							
ΙXS	1 YES 2 NO	1 Inpatient 2		3 DOA 28b. TH			S Other (Specify)	144 AND 44 AND 45	001000				
ву Рн	1 Natural 5 Pending 2 Accident Investigation	Day, Year)		JURY W	JURY AT ORK? YES 2 NO	28d. OEŞCRIBE HO	W INJURY OF	CCUREO					
60	3 Suicide S Could not be determined	28e. PLACE (building	OF INJURY — At h , etc. (Specify)	ome, ferm,	street, factory, off	ce		CATION (Street end Number or Rural Route Number, y or Town, State)					
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIONE) 2 MEDICAL EXAMINE						to the cause(e) end			and manner ee stated.			
8													
TO BE	296 SIGNATURE AND TITLE OF CERTIFIE	· tu	CR.	Mid	1.	29c. LICENSE NU	824	≥ C	CF.	Month, Day, Year) 12, 1990			
			SE OF DEATH (IT	C14 070 CT .	- Philad								

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BALTIMORE, MARYLAND 21203-3146	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 🕳 Lars are feath. Page 6 may be retained by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trainilt permit. Physician before the state Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	IDSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cert	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	

DIRECTOR

FUNERAL

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notified g must examiner medical the event, traumatic other the attending I 0 shows any injury, signed by the has been s Dept. of H n 23 shov r this certificate has th with the State De arked, or Item 2 o de marked. DIRECTOR: After the hours after death v 80 llem. FUNERAL within 72 h

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DIVISION OF VITAL RECORDS.

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

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BE

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31. DATE FILEO (Month, Day, Year) 10

MPORTANT: If

THE 23

FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN YEAR DAY OCt. 1990 SAGER 9, BERTHA 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTN A SOCIAL SECURITY NUMBER 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. May 25, 1903 Virginia MONTHS DAYS HOURS 219-05-2544 1 🗌 M 2 😿 F 87 YRS Se. FACILITY NAME (If not institution, give street and number) 95 CITY TOWN OR LOCATION OF DEATH 9c, COUNTY OF DEATH Washington County Hospital Hagerstown Washington RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Washington Hagerstown 1 X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? 10e. STREET AND NUMBER 10f. ZIP CODE 21740 633 Pennsylvania Avenue **USA** 14. RACE — American Indien, Black, White, atc. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES If yes, specify Cuban, Maxicen, Puerto Rican, etc.) 1 Never Merried 2 Married 1 TYES 2 NO Specify: 3 Wildowed 4 Divorced white 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b, KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl Elementary/Secondery (0-12) College (1-4 or 5+) 6 years Homemaker Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Melden Surname) Mary Susie Siss George Washington Vulgamott 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code Ruby L. Henderson 633 Pennsylvania Avenue Hagerstown, Maryland 21740 20a. METHOO OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State METHOD OF DISPOSITION

Buriel 2 Cremetion 3 Removal from State

Ouncilon 5 Other (Specify) Cedar Lawn Memorial Park Hagerstown, Maryland CHATURE OF FUNERAL, SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Gerald N. Minnich 305 N. Potomac Street Funeral Home Hagerstown, Marvland 23. PART I. Enter the diseases, or complications that caused the death, Dp npt enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between ahock, or heart failure. List only one cause on each line. Onset end Deeth IMMEDIATE CAUSE (Finel disease or condition 48hr Theurione resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part C 24h WERE AUTOPSY FINDINGS 24s. WAS AN AUTOPSY AVAILABLE PRIOR TO COMPLETION OF CAUSE tructure Cheour 1 TES NO OF DEATH? dallersin 1 | YES 2 | 190 26. PLACE OF DEATH (Check only one) 25 WAS CASE REFERRED TO MEDICAL HOSPITAL: OTHER: 1 TES 2 NO 1 | Inpetiant 2 | ER/Outpetient 3 | DOA ng Nome 5 ☐ Residence 8 ☐ Other (Specify) 27 MANNER OF DEATH 26s. DATE OF INJURY 28d, DESCRIBE NOW INJURY OCCURED 28h TIME OF 28c. INJURY AT WORK? INJURY 1 Natural 5 Pending М 1 YES 2 NO Investigation 2 Accident 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide a Could not be 4 Nomicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end menner ee stated. 2 🔲 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date end place, end dua to the ceuse(e) end manner as stated. 29d. DATE SIGNED (Month, Day, Year) 29th SIGNATURE AND TITLE OF CERTIFIER 29c LICENSE NUMBER 36, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 366 G-60 R/A 1

32. REGISTRAR'S SIGNATURE

Davidson-Randall

		FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIEN		28890	
		1. DECEDENT'S NAME (First, Middle, Last)	-				2. DATE OF DEATH DA	AY YEAR	3. TIME OF DEATH	
			AEFFER				10-8-	-90	3309 N	
29		216-22-6843	□ M 2 F	yrs. last birthday) 7 4 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year) 4/24/191	16	THPLACE (State or Foreign untry) MARYLAND	
	OR	9a. FACILITY NAME (If not institution, give street BALTIMORE COUNTY (PITAL	9b. CITY, TOWN C	STOWN	ATH	BALTIN		
(= 45)	ECT	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c, CIT	Y. TOWN OR LOCAT	TION			10d. INSIDE CITY	
-	рінестон	MARYLAND CARROL	LI.	WE	STMINSTE	ER		1 YES 2 NO		
8	FUNERAL	10a. STREET AND NUMBER 1522 IVY WOODS LAI	ATE			21157		10g. CITIZEN O	F WHAT COUNTRY?	
physicien burial-tran	N N		2. WAS DECEDENT EVER IN U		13. WAS DEC	ENDENT OF HISPAN	s or No— 14. R/	ACE — American Indian,		
attending physicianise as the burial-transf	ВУ	1 Never Married 2 Marriad 3 Wildowed 4 Divorced	FORCES? 1 YES		It yes, sp 1 - YES	ecify Cuban, Mexicar 2 M NO Specify.	n, Puerto Rican, atc.) :		lack, White, atc. Decity: WHITE	
or atten	ETED	15. DECEDENT'S EDUCAT (Specify only highest grade con	mpleted)		USUAL OCCUPATION work done during mo		18b. KIND OF BUS	SINESS/INDUSTRY	ſ	
spital ed fo	PLE	Elamentary/Secondary (0-12)	College (1-4 or 5+)	ma bottor at		TRESS	CLOTH	ING		
the hos detach	COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	ME (First, Middle, Maiden	Surname)		
8 8 E	BE C		RLES W. PYSE				A M. RODE			
retained 5 should notified	10	19a. INFORMANT'S NAME (Type/Print)					Cambridge		tewartstown Pa. 17363	
ay be		JOANN JENNINGS 20g. METHOD OF DISPOSITION		PLACE OF DISPO	SITION (Name of cer			CATION — City or		
e 6 m rector.		1 Surial 2 Cremation 3 Ramova 4 Donation 5 Other (Specify)	I from State	other place) CISTERST	OWN MET	HODIST CE	M. REI	ISTERST	OWN, MD. 2113	
death. Page 6 m: tuneral director, i.		21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE O BL	1	22. NAME A	ND ADDRESS OF FAC	LUNDARI		RAL CHAPEL	
after death. y the funera moval. ical exami		H. J. Ce	blia dt				OWINGS	MILLS,	MD. 21117	
within arrivalrs spletely filled in termation, or relient, the median.		23. PART I. Enter the glasses, or conshock, or heart failure. Lie IMMEDIATE CAUSE (Fine) disease or condition resulting in death)		ch lina.					Approximate Interval Between Onset and Daati	
and and but but but but but but but but but but	CATION	Sequentially list conditions, if eny, leeding to immediate	DUE TO (OR AS A C			, c 0635	suctive c	7 -	-sseare	
i g bhagg i	RTIFICA	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A	CONSEQUENCE O	F):					
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NG PHYSICIA frer this certification with the marked, or	BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIN	JURY W	JURY AT ORK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCURED		
TTENDI TOR: A after d		2 Accident investigation 3 Suicide a Could not be datarmined	28a. PLACE OF INJURY - building, atc. (Specif		atreet, factory, offi	CM	28f. LOCATION (Street City or Town, State		val Route Number,	
I LOIRI	COMPLETED	(Check only	AN: To the best of my knowle On the basis of examination						se(a) and manner as stated.	
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	BE	29b. SIGNATURE AND TITLE OF SERTIFIER	m) Hom	se phys	~	29c. LICENSE NUI	MBER	29d. DATE SIG	NED (Month, Day, Year)	
F F A €	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Typ	muite (Teneral	Hospital	Russo	Callstone 2-1/32	
D		31. DATE FILED (Month, Day, Year) OCT 10 '90	30 REGISTRAR'S SIGNA	Handell.	1	·		7		

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28 is marked,

31. DATE FILED (Month, Day, Year) 05

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whia Davidson Randelle

BALTIMORE, MARYLAND 21203-	L. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-hours after death. Page 6 may be retained by the hospital or attend	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	es that the death certificate be executed within	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the
DIVISION OF VITAL REC	L OR ATTENDING PHYSICIAN: The law requin	DIRECTOR: After this certificate has been si

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a find feath. Page 6 may be retained by the hospital or attending physic TO THE FUNEMAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Warren Brill,

05 '90

31. DATE FILED (Month, Day, Year)

,	FOR 1 - STATE REGISTRAR	STATE OF M					EALTH AND I DEATH	MENTAL	HYGIEN REG. NO.	_	90	288	92
1	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF		NV.	YEAR	3. TIME OF DEA	ТН
	G. Victo	r Simpson						Sept.	29,	Ï990	TEAR	3:30	PM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1		IF UNDER 24 HRS.	7. DATE OF BIRTH 6. BIRTHPLACE (Month, Day, Year) Country)					oreign
	579-44-2900	1 XM 2 - F	91	YAS.	MONTHS	DAYS	HOURS MIN.	Sept.	10,		nada		
	9a. FACILITY NAME (If not institution, give street	et and number)			9b. CITY,	TOWN O	R LOCATION OF DE	EATH		9c. COU	NTY OF D	EATH	
E I	5340 Westpath Way			Bet	thes	da			Mo	ntgo	omery		
DIRECTOR	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY			10c CIT	Y, TOWN OF	LOCATI	ON			10d, INSIDE CIT	,		
E I		tgomery			Sethes				10d. INSIDE CI LIMITS? 1 1 ▼ YES 2				
	100. STREET AND NUMBER	egomery			CLITE		ZIP CODE			10g, CIT	IZEN OF V	WHAT COUNTRY?	
RA	5340 Westpath Way	20816											
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No — 14.											E — American Ind k, White, etc.	len.	
BY FL	1 Never Merried 2 Merried 3 X Widowed 4 Divorced	FORCES? 13 IF YES, GIVE WI 1941-19	YES 2 N AR OR DATES	10	H	yes, spe	city Cuben, Mexica 2 X NO Specifi	in, Puerto Ric			Spec Whi	etty:	,
	15. DECEDENT'S EDUCA	TION	16a, DE	CEDENT'S	USUAL OC	CUPATIO	N	16b. N	IND OF BU	SINESS/IN	DUSTRY		
	(Specify only highest grade or Elementary/Secondary (0-12)	College (1-4 or 5 +	(Gi	ve kind of Do NOT u	work done di se retired.)	uring mos	et of working						
립		4		dica	1 Do	ctor			Sel:	f-emp	1oye	ed	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			-			18. MOTHER'S NA	ME (First, Mid	ddle, Maiden	Surneme)			
Hector Simpson Alice Murray													
19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)													
neten-Louise number 3340 westpath way, bethesda, md. 20016													
20e. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION - City or Town, State other place) 4 Donellon 6 Other (Specify) Metropolitan Crematory Alex., Va.													
	21. SIGNATURE OF TUNERAL SERVICE LICE	NSEE /	11 1	1	_		D ADDRESS OF FA	CILITY				1 Home	
	> (la hant	ix			2	222	Wisconsi	in A					_
	23. PARD 1. Enter the diseases, or co	mplications that	caused the de	ath. Do						_		Approxim	
	shock, or heert fellure. LI										,	intervai i	Between
_1	IMMEDIATE CAUSE (Finel disease or condition	C. 1.	. ^		4							Ange de	1.6
	recuiting in death) a.	CONTRACTO DUE TO	OR AS A CONSE	DUENCE C	est PF):							JIVA	W.H.
_		COTTO	aces 1	D v	La.	1	1 1000	0				-71.1	41
<u>ē</u>	Sequentielly list conditions, If env, leeding to immediate	DUE TO	OR AS ACONSE	DUENCE C	F):	-	arry	-1					
8	cause. Enter UNDERLYING		and	Co	relie	w	arre	thou	à				
ERTIFICATION	CAUSE (Disease or injury thet initieted events	DUE TO	OR AS A CONSE	DUENCE C	OF):		0		•		_		
E	resulting in deeth) LAST												
0	PART II. Other significent conditions	contributing to	deeth but not r	esulting	in the un	derivino	csuse given in	Pert i.	24a. WAS AN	N AUTOPSY	24	b. WERE AUTOPSY	FINDINGS
CA						,			PERFO			AVAILABLE PRIO	
								- 1	1 TYES	2 XI NO		OF DEATH?	
Σ												1 YES 2	NO
AN	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DEATH (C)	heck only one)	•			-
AMOUNT OF DEATH College Specific College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College Colleg													
T 27. MANNER OF DEATH 280. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCUP										CUREO			
M 1 YES 2 NO													
	2 Accident investigation 3 Suicide 6 Could not be	28e. PLACE O	F INJURY — At he atc. (Specify)	ome, ferm,	street, fact	ory, offic	•	28f. LOCA	TION (Street Town, State	and Number	or Rural	Route Number,	
COMPLETED	4 Homicide determined		- \					5, 6					
PLE	29e. CERTIFIER (Check only 1 CERTIFYING PHYSIC	IAN: To the best of	my knowledga, de	ath occur	red at the ti	lme, date	and place, and du	e to the caus	e(e) end ma	anner aa at	eted.		
OM	one) 2 MEDICAL EXAMINER	: On the basis of e	camination end/or	Investigat	lon, In my o	pinion, d	leath occured at the	e time, date o	end place, a	nd due to	the cause	(e) end menner ee	stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	20	4.0				29c. LICENSE NU	IMBER		29d. DA	TE SIGNE	D (Month, Day, Yee	r)
8	Warren D.	13 nil	ch m.	D.			D-0416	5		> 9	Sept.	.29, 199	00
2	30, NAME AND AGORESS OF PERSON WHO	COMPLETED CAU	SE OF DEATH (ITE	M 27) /Tvn	e Print)								

., 2000 N St., N.W. #101 Washington, D.C. 20036
32 REGISTRAR'S SIGNATURE
Julia Davidson-Rendelle M.D.,

DHMH-16 Rev 1/89

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BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

_	TIEGIOTTAN				IOAIL	V 1			n	EG. NO.			
	1. DECEOENT'S NAME (First, Middle, Last)	1115	M		5	7=	EL	=	2. DATE OF I	DEATH DA	AY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In vrs. is		IF UNDER 1 Y	-	IF UNDER	_	7. DATE OF B	HRTH	_	S BIRTHP	PLACE (State or Foreign
	046 18 5072	1 M 2 X F	69	YRS.		AYS	HOURS	MIN.	(Month, Day	y, Year)		Country))
	9e. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY, TO	DWN OF	LOCATIO	ON OF OEA	_10/5/	21	9c, COU	NTY OF DE	York
۳	115 Quaint Acres	Destaro									1.		
DIRECTOR	RESIDENCE OF DECEDENT	2 DLTAG					c Spi	ring			мопс	gomer	У
E	Conn. Fa		•		r, town on i		ON						10d. INSIDE CITY _LIMITS?
٥		irfield	d		reenw.								1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER					101.	ZIP CODE				10g. CIT	IZEN OF WI	HAT COUNTRY?
崱	22 Close Road	12. WAS DECEDEN				_	<u>6683(</u>		USA				***
5	11. MARITAL STATUS 1X Never Merried 2 Merried	RMED NO					C ORIGIN? (S _i , Puerto Ricer	Specify Yes or No— 14. RACE — American Indian, en, etc.) Black, White, etc.					
B	3 Widowed 4 Divorced	IF YES, GIVE V	WAR OR DATES		1 [YES :	2 ₩ NO	Specify:				Specify	White
	15. DECEDENT'S EDUC		18e. C	ECEDENT'S	USUAL OCCI	UPATIO	N		16b, KIN	D OF BUS	SINESS/INC		
(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) (Give kind of work done during most of working life. Do NOT use retired.)													
릴	1/12 Secretary Fawcett Publication										ion		
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 1/12 15. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Secretary 16. KIND OF BUSINESS/INDUSTRY Fawcett Publication 16. KIND OF BUSINESS/INDUSTRY													
Herbert Steele Maude Watson													
O 196. INFORMANT 3 NAME (specifing)													
-	Edward Steel e 413 Rose Park Drive Holland, Mich. 49424												
	20e. METHOD OF DISPOSITION 1 🔀 Burlel 2 🗆 Cremation 3 🗀 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, so other place)												
1	4 Oonetion 5 Other (Specify)	ruere /1 h	-	Pu				-		Gre	eenwi	ch.Co	onn.
	22. NAME AND ADDRESS OF FACILITY Hines/Rinaldi 11800 New Hamp. Ave. S											re.S.S.Md.	
	* Muly N	Kinoli	u									_	
	23. PART I. Enter the diseases, or c shock, or heart failure.	omplications the	it caused the duse on each lin	feath. Do i	not anter th	e mod	le of dyl	ng, such	as cardiac	or respi	iratory ar	rest,	Approximate interval Between
	IMMEDIATE CAUSE (Final								+6	-			Onest and Death
- 1	disease or condition resulting in death)	n	000	مارم	Parameter.	a	CLA	- 2	21112	ria			
	immediate CAUSE (Final disease or condition resulting in death) a. Oue TO (OR AS A CONSEQUENCE OF): CO TOHORY ORTERIOS CLOROS (S)												
NO N	Sequentially list conditions,												
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING												
띮	CAUSE (Disease or Injury that initiated events	OUE TO	(OR AS A CONS	EOUENCE O	F):								1
	resulting in death) LAST	d											
	PART II. Other algnificant condition	a contributing to	death but not	meulting	in the unde	rlyina	Causa	duen in E	Part i 24	WASAN	AUTOPSY	246	WERE AUTOPSY FINOINGS
MEDICAL	TAIT II. Ottal alginioaix condition	a continuating to	dadii but ilot	resorting	iii uia onde	yy	Causa y	jiven in r	244	PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSE
									- 10	YES 2	NO NO		OF DEATH?
Σ									-				1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					26 Dt	ACE OF DE	EATH (Cha	ck only one)				
PHYSICIAN:	EXAMINER? YES 2 NO	HOSPITAL:	- EDIOMA-M-A	2 🗆 2004	OTHER:	-	0	11/1 mm 1 mm		M.			
₹	27. MANNER OF OEATH	28e. OATE OF		28b. Till	4 Nursin	g Home Bc. INJL		sidence	8 Other (Sp 28d, OESCRI		INJURY OC	CUREO	
	1 Netural 5 Pending	(Month, L	Day, Year)	IN.	JURY	WOF	RK7 ES 2	NO					
2 Accident Investigation 28e, PLACE OF INJURY — At home, farm, street, factory, office 28f, LOCATION (Street and Number or Bural Boul										oute Number,			
S Could not be determined building, etc. (Specify) 29s. CERTIFIER (Check only one) 29 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.													
(Check only one) 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end menner end.									end menner ee atated.				
C	29b. SIGNATURE AND TITLE OF CERTIFIER	1 0					29c. LICE	NSE NUM	BER	_	29d. DA1	TE SIGNED	(Month, Day, Year)
0	dohn To	eden		m	0		DC	8	248		•	10-	-9-90
2	30, NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAU	ISE OF DEATH (IT	EM 27) (Type									24
	90 pm	Tank	22r	35	518	6	م ر د	SCC	220	IN		Ace	12016
	31. DATE FILED (Month, Day, Year)	32. REGISTR	AR'S SIGNATURE	Brand	00_								nd:

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 years after death. Page 6 may be retained by the hospital or attending p	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the b		ce.
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retained	S should		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DING	: After	death	Is ma
ATTEN	ECTOR	s after	1 28
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2	2	20	È

	FOR 1 . STATE	STATE OF MARYLA) MEN	ITAL HYGIENE	. (n e	28894
	REGISTRAR		CERTI	FICATI	E OF	DEATH		REG. NO.	•		
,	1. DECEDENT'S NAME (First, Middle, Last)	٨٨	77		/			ONTHO DAY	/	YEAR 3	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (III		M POE	2/Y_	IF UNDER 24 HRS	7.0	9-2	5 -/	990	ACE (State or Foreign
) [. Tuesto	yrs. last birthda	MONTHS	DAYS	HOURS MIN.	(A	Month, Day, Year)		Country)	
	5 78 -20 5376 9a. FACILITY NAME (If not Institution, give s		66 YHS		TOWN C	R LOCATION OF		CT. 3, 19		WASH]	INGTON, D.C
œ	11.1			90. 011							
DIRECTOR	HOLY CROS	35 HOSFITAL			51.	LVER S	PRIN	NG	M	ONTGO	DMERY
Ä	toe, STATE 10b. COUNTY	γ	10c.	CITY, TOWN	OR LOCAT	ION				10	Dd. INSIDE CITY LIMITS?
- 1		MONTGOMERY		7	JHEA'						YES 2 NO
FUNERAL	toe. STREET AND NUMBER				101	. ZIP CODE			10g. CITIZ	ZEN OF WH	AT COUNTRY?
ÿ.		KIRK DRIVE					902			USA	
교	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 ANO		If yes, sp-	ecify Cuban, Mex	Icen, Pu	RIGIN? (Specify Yee arto Rican, atc.)	or No—	14. RACE - Black, \	- Americen Indien, White, atc.
BY	3 ♥ Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TES		1 TYES	2 XNO Spe	octfy:			Specify:	WHITE
	15. DECEDENT'S EDU		16a. DECEDEN					16b. KIND OF BUS	INESS/IND	USTRY	WILLIE
	(Specify only highest grade Elementery/Secondary (0-12)	College (1-4 or 5+)	(Give kind life. Do NO	of work done T use retired.)	during mo	st of working					
립		1	OFF	ICE N	1ANA	GER		FOREIGN	PATE	NT OF	FICE
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S	NAME (F	irst, Middle, Maiden	Surname)		
BE C	HARVEY	BROWN				EFFIE		H	BARRE	TT	
10	19e. INFORMANT'S NAME (Type/Print)		757					Number, City or Town			
٦	MARJORIE B. JONE:		ER) 92	13 MO	RLEY	ROAD,	LANI	HAM, MARY	YLAND	207	706
	20a. METHOD OF DISPOSITION 1 Burlel 2 □ Cremetion 3 □ Rem	20b.	PLACE OF DIS	POSITION (N	ame of car	netery, crematory	OF .	20c. LO	CATION —	City or Town	n, State
	4 🗆 Donetion 6 🗆 Other (Specify)	CE	DAR H			TERY			<u> </u>	, MAE	RYLAND
	21. SIGNATURE OF FUNERAL SERVICE LIC	CEMBEE				IS J. C		v INS FUNEI	RAT. H	OME	INC
	2 round	Donas						BLVD.,W.			
	23. PART I. Enter the diseases, or	complications that caused List only one cause on ea									Approximate interval Between
	iMMEDIATE CAUSE (Fine)	Clat Only One cause on ea	CIT IIIIa.		~						Onset and Death
	disease or condition resulting in daeth)	att ans.	16-6 A	CONS	1	DISER	32F				15 years
ſ	,	DUE TO OR AS A		E OF):	OF):						
Z	Sequentially list conditions,	4) by RUCTIVE UROPATHY							SOLL		
CERTIFICATION	if any, leading to immediate								20/10/		
5	CAUSE (Disease or injury	C. DUE TO (OR AS A	CONSEQUENCE		- (UTORUS .					200
Ē	that initiated events resulting in daeth) LAST	202 10 (011 NO N	00,102002110	_ 0. /.							
E		d									1
A	PART il. Other significant condition					7 4	In Part	i. 24e. WAS AN PERFOR			VERE AUTOPSY FINDINGS WAILABLE PRIOR TO
8	HERRI		UNDE		SUS	100	100	1 - YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
ME	KENAL	OCTEODY	STREY	244						1	YES 2 NO
ä	HEPAT	TITIS									
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТНЕ		LACE OF OEATH	(Check or	nly one)			
PHYSICIAN: MEDICAL	1 YES 2 NO 27. MANNER OF DEATH	1 1 Impatient 2 ER/Outp		A 4 Nu	_	ne 5 🗆 Reelden			N HIPW OO	O. LINE D.	
	1 Natural 5 Pending	(Month, Day, Year)	200.	INJURY M	W	JURY AT DRK? YES 2 - NO		I. DESCRIBE HOW I	NJUHY OCI	COMED	
BY	2 Accident Investigation	28e. PLACE OF INJURY	— At home fer	rm street fa-			\rightarrow	LOCATION (Street a	and Number	or Rural Ro	ute Number
G	3 Suicide 6 Could not be 4 Homicide determined	building, atc. (Spec	elfy)	, 511550, 121	olory, ollic			City or Town, State)	110 110/120	or ria arriv	or running,
	29e, CERTIFIER							43.4			
COMPLET	(Check only	SICIAN: To the best of my knowl ER: On the basic of exemination									and manner as stated.
8	29b. SIGNATURE AND TITUE OF CERTIFIE			saver, at my	Springli, (
BE	290. SIGNATURE AND THISE OF CERTIFIE	Ilde on	u)			29C. LICENSE	NUMBER		29d. DAT	E SIGNEO	Month, Day, Year)
2	30, NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF THE	ATH (ITEM 27)	Time Print)			170	71		1/20	5/70

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year)
SEP 27 190 32. REGISTRAR'S SIGNATURE

Randolo

ABOUT DR.

	В	B)
(3	y
BALTIMORE, MARYLAND 21203-3146	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mous after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Phorus after death with the State Deut, of Health and Mental Hydiene prior to burial, cremation, or removal.
U	n 24	ation
13146,	xecuted within	and complete burial, crem
BOX	ificate be e	physician in
P.0.	leath cert	attending ntal Hygie
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	w requires that the	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the hours after heart with the State Deot, of Health and Merital Houlene prior to burial, cremation, or removal.
VITAL	AN: The la	tificate has
F	HYSIC	is cel
N	NG PI	fter th
210	TENDI	Ther de
ž	JR AT	NAECTI
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending phys	TO THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be defached for use as the burit		
by the hospital of	be detached for		at once.
e retained	e 5 should		notified
де 6 тау b	irector, pag		r must be
ir death. Pa	he funeral d	<u>a</u>	examine
4 nours after	illed in by t	n, or remov	e medica
ted within 2	completely 1	ial, crematio	event, th
ite be execu	ysician and	prior to bur	traumatic
ath certifica	ittending phy	tal Hygiene	r, or other
that the de	ed by the a	Ith and Men	any Injury
aw requires	s been sign	ept. of Heal	23 shows
ICIAN: The	certificate ha	the State D	or Item
DING PHYS	. After this c	death with	s marked,
L OR ATTER	L DIRECTOR	2 hours after	Item 28
THE HOSPITA	THE FUNERA	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
10	10	be fi	M

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AI CERTIFICATE OF DEATH		
		90 28895
1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF OEATH MONTH DA	3. TIME OF DEATN
Mary Ann Crouch Trapp	Sept. 30	
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 241		6. BIRTHPLACE (State or Foreign
220-18-5103 1 M 2XXF 64 YRS. MONTHS DAYS HOURS N	(Month, Day, Year) 12/23/25	Chester, MD
9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION	OF DEATH	9c. COUNTY OF DEATH
Meridian Nursing Home, Corsica Hills Centrev	ille	Queen Anne's
HESIDENCE OF DECEDENT		

	Mary A	nn Cr	ouch	Trap	р		Sept. 3	0, 19	90		M
4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. les	M	ONTHS DAY		24 HRS.	7. OATE OF BIRTN (Month, Day, Year)	6.		NCE (State or Foreign	lus .
220-18-5103		64	YRS.				12/23/2			er, MD)
9e. FACILITY NAME (If not institution,					VN OR LOCAT			9c. COUNTY	OF DEAT	Н	
Meridian Nursi	ng Home, Cor	sica Hi	lls	С	entre	vil	le	Qu	een	Anne's	3
	OUNTY		10c. CITY,	TOWN OR LO	CATION				100	d. INSIDE CITY	\neg
Maryland	Queen Anne	218		Che	ster				1[LIMITS?	,
10e. STREET AND NUMBER	<u> </u>	, 0			10f. ZIP COO	E		10g. CITIZEN	OF WHA	T COUNTRY?	\neg
Rt. 1 Box	349				21	619		1	U.S.	Α.	
11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR	MED		DECENDENT	OF HISPAN	IC ORIGIN? (Specify Ya			American Indian,	
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	R OR DATES	10	1 🗆	YES 2XXVO	Specify	n, Puerto Ricen, etc.)		Specify:		
		10.05								White	-
15. DECEDENT' (Specify only highes	grade completed)	(G	CEOENT'S US ive kind of wor Do NOT use	rk done during	MITION To most of work	ing	16b. KIND OF BU	ISINESS/INOUS	TRY		
Elamentary/Secondary (0-12)	College (1-4 or 5+)			sewi	£.						
17. FATNER'S NAME (First, Middle, La	at)	1	пои	Sewi		NER'S NAI	ME (First, Middle, Malder	Sumama)			
J. Walter							nerine R		Vor		
19a. INFORMANT'S NAME (Type/Print		19	b. MAILING A	DDRESS (Str			Noute Number, City or You			sey	
W. Royston	Trapp						Thester	MD	2161	Q	
20a. METHOD OF DISPOSITION		20b. PLACE	OF OISPOSIT		cemetery, cre	_	20c. LC	CATION — City	y or Town,	Sfeta Q.A.	
N∑Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify		Ster		ille	Ceme	ter	y St	evens	vi 1 1	e MD	C
21. SIGNATURE OF FUNERAL SERV	CE LICENSEE	1		22. NAM	E AND ADDRE	SS OF FA	CILITY				\neg
→ 7//	110/1/	/					ein Fune				
23. PART I. Enter the disease	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	ren .	oth Dane				k RD, Ch				
	liure. List only one caus			t enter the	mode or dy	mig, auci	rad cardiac or reap	matory arres	ι,	Approximate Interval Betw	veen
IMMEDIATE CAUSE (Finel disease or condition		Bre	1.	00.						Onset and De	eath
resulting in death)	e	OR AS A CONSE	(17) L	car	rev						
	_										
Sequentielly list conditions, if any, leading to immediate	b	OR AS A CONSE	OUENCE OF):								
cause. Enter UNDERLYING											
CAUSE (Disease or injury that initieted events	OUE TO (OR AS A CONSE	OUENCE OF):								
resulting in death) LAST	d										
PART II. Other aignificant con	ditione contributing to	death but not	reeuiting in	the under	lving cause	alven in	Part I. 24a. WAS AI	NAUTOPSY	24b. WE	ERE AUTOPSY FINDI	INGS
					,		PERFO	RMED?	AM	AILABLE PRIOR TO	
							1 TYES	2 NO		OEATH?	
						·	-		1 (YES 2 NO	
25. WAS CASE REFERRED TO MEDI	CAL			21	6. PLACE OF	DEATH (Ch	nok ontv one)				\dashv
EXAMINER?	HOSPITAL:	EB/Out-Hart 4		OTHER:							\neg
27. MANNER OF DEATN	28a. DATE OF		28b, TIME		INJURY AT	ealdenca	8 Other (Specify) 28d. OESCRIBE NOW	INJURY OCCUP	REO		-
1 Natural 5 Pendin	(Month, Da	y, Year)	INJU	RY	WORK?	NO					
2 Accident Investig	28e. PLACE OF	INJURY — At he	ome, farm, atr				28f. LOCATION (Street	and Number or	Aural Rout	e Number,	
4 Nomicide determi		etc. (Specify)					City or Town, State)			
29a. CERTIFIER 1 CERTIFYING	PNYSICIAN: To the best of	my knowledne di	eath occurred	at the time	data and also	a and due	to the coursels) and	onner en etetad			
one)	(AMINER: On the beals of ax									nd manner as state	ed.
29b. SIGNATURE AND TITLE OF CE	MINER ALL	0 (MA			ENSE NUI		29d. OATE S	IGNED (M	onth, Day, Year)	
30, NAME AND ADDRESS OF PERS			, , , , .			3203		1	010	1/5	
Dr. Gary 31. DATE FILED (Month, Day, Year)	J. Sprouse	, F	0.0.	Box 2	210.	Ouee	enstown.	MD 2	2165	8	
31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE	~	1 00							
	'90 4	1. The	Alban	dayy							

5 L. L. 17

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FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIFIC	CATE OF DEATH		REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last) EARL TIRS	CHMAN			2. DATE MONTH	OF OEATH DAY	9 YEA	3. TIME OF DEATH
The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s			IF UNDER 1 YEAR IF UNDER 24 HRS.		OF BIRTH		IRTHPLACE (State or Foreign ountry)
216-18-5196	1 2 F	69 YRS.	ONTHS DAYS HOURS MIN.	3-	25-2	1 1000	YLAND
9a. FACILITY NAME (If not institution, give stre	et end number)	1	b. CITY, TOWN OR LOCATION OF D	EATH		9c. COUNTY C	OF DEATH
LOCK RAVEN V.A.	HOSPITA		BALTIMORE			CIT	
	Anudel	,	Magalis				10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER 945 BAYRIDG	E RD		101. ZIP CODE 214	03		10g. CITIZEN (OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	YES 2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES 2 MO Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify Specify	an, Puerto I			RACE — American Indian, Black, White, atc.
15. DECEDENT'S EDUCA (Specify only highest grade of		16a. DECEDENT'S U	SUAL OCCUPATION rk done during most of working	16b	. KINO OF BUSIN	IESS/INDUSTF	RY
Elementary/Secondery (0-12)	College (1-4 or 5+)	ELECTRI	retired.)		CONST	RUCTI	ON
17. FATHER'S NAME (First, Middle, Last) REINHARDT TIRSO	HMAN				Middle, Melden Su E ROBI		
19a. INFORMANT'S NAME (Type/Print) EMMA V. MURPHY			AY RIDGE AVE				
20e. METHOD OF DISPOSITION 1	val from State	20b. PLACE OF DISPOSIT	TION (Name of cemetery, crematory or TAN CREMATOR	RY	20c. LOCA ALE		or Town, State
2 SIGNATURE OF FUNERAL SERVICE LICE	MIEE / /		22. NAME AND ADDRESS OF F	CRAL			
23. PART i. Enter the diseases, or co	emplications that ca	used the death. Do no	ANNAPOLI t enter the mode of dying, su	ch aa card	iac or respira	tory arrest,	Approximate
shock, or heart failure. L					•	•	interval Between Onset and De
iMMEDIATE CAUSE (Final disease or condition reaulting in death)	End	stuge re	nal failure				1 mont
	DUE TO (OR	AS A CONSEQUENCE OF					
• Sequentially list conditions,	Encl	stage te	ente factore				
If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OH	AS A CONSEQUENCE OF):					
CAUSE (Disease or injury	DUE TO (OR	AS A CONSEQUENCE OF					
that initiated events reaulting in death) LAST							
DART II OIL - I III - I III - I						T	
PART II. Other aignificant conditions	notice fail	1	the underlying cause given in	n Part I.	24a, WAS AN AI PERFORM		24b. WERE AUTOPSY FINDIN
END Steere N	pour four	076		- 1	1 X YES 2	NO	OF DEATH?
Gastoviolesteral	remerch	aye					1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF OEATH (C	heck only o	ne)		
2° NO	HOSPITAL: 1 Minpatient 2 - ER		OTHER: 1 Nursing Home 5 Residence	8 🗆 Othe	or (Specify)		
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJU (Month, Day, Y			28d. DE	SCRIBE HOW IN.	JURY OCCURE	ED
3 Suicide 6 Could not be determined	28e. PLACE OF IN- building, etc.	JURY — At home, farm, st (Specify)	reet, factory, office		ATION (Street and or Town, State)	d Number or R	tural Route Number,
cool			i at the time, date end place, end du , in my opinion, death occured at th				
29b. SIGNATURE AND TITLE OF CERTIFIER	- On the second of second	- area area area area area area area are					
290. SIGNATURE AND TITLE OF CERTIFIER	1)	14.0	29c. LICENSE NO	UMBER			GNEO (Month, Day, Year) -9-90
30. NAME AND AGORESS OF PERSON WHO	COMPLETED CALISE O	OF OEATH (ITEM 27) (Type	Print)			. (0	, ,
Steven Hon.	e vv	1 och 12	aven VA He	(Tax	101	10 L	h Ravin RI.
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE SON	mad All 180	3 4 1-0	, , , (12 .12	1 wore, 2121
OCT 1 2 199	O grilia Davi	idon-fondable				001.L	المالم رعانصه

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 20,3 nound line within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

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		Pages 1	
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BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 23 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.

IMPORTANT: It fem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notitied at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)		1	2. DATE OF DEATH	3. TIME OF DEATH				
- 1	Richard H,	10ro	USKV	MONTH DAY	90 1545 M				
	4. SOCIAL SECURITY NUMBER S. SEX 6. AG	E (In yrs. last birthday)	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	6. BIRTHPLACE (State or Foreign				
	213-26-5135 1 ² M 2 □ F	YRS.	THS DAYS HOURS MIN.	(Month, Day, Year) 199	Marylamd				
~	9e. FACILITY NAME (If not institution, give atreet and number)		CITY, TOWN OR LOCATION OF DE	EATH 9c. COL	UNTY OF DEATH				
FUNERAL DIRECTOR	Anne Arundel Medical Ce	nter	HUNAPO	113	TH				
EC.	10a. STATE 10b. COUNTY	10c. CITY, TO	OWN OR LOCATION		10d. INSIDE CITY				
E	Maryland Anne Arunde		nnapolis		LIMITS?				
7	10e. STREET AND NUMBER	1 4	101. ZIP CODE	10g. CI	TIZEN OF WHAT COUNTRY?				
ER/	947 Shadewater Way		21401	11	S.A.				
S	11. MARITAL STATUS 12. WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS DECENDENT OF HISPAI	VIC ORIGIN? (Specify Yas or No-	14. RACE — American Indian.				
	1 Never Married 2 Merried FORCES? 1 1 Y YE	S 2 NO	If yes, specify Cuban, Maxica 1 YES 2 X NO Specif		Black, White, atc. Specify:				
В В	3 Widowed 4 Divorced 1923 -				White				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USU (Give kind of work	done during most of working	166. KIND OF BUSINESS/IN	IDUSTRY				
Ä	Elementary/Secondary (0-12) College (1-4 or 5 +)	ille. Do NOT use rei		Defense					
MP	17. FATHER'S NAME (First, Middle, Last)	Milita		Defense					
	Adolph Torovsky			ME (First, Middle, Maiden Surname) Ruzicka					
BE	19s. INFORMANT'S NAME (Type/Print)	10h MAN ING AD	DRESS (Street and Number or Rural		7in Codel				
5	Margaret Kern Torovsky				is, MD 21401				
			ON (Name of cemetery, crematory or		- City or Town, State				
	20a. METHOD OF DISPOSITION 1 M Burlal 2 Cremation 3 Internation transportation 4 Done Con 5 Disper (Specify)	other place)			3 -10-36				
	21. SIGNATURE OF PURENAL SETTING LICENSES	Maryland	Veterans Cer	CILITY					
	alollian Tasles			eral Chapel	21401				
	gerrala. Tagest		147 Glouces	ster St., Ann	apolis,MD				
	23. PART I, firmer the diseases, or complications that cou- shock, or heart failure. Lat only one couse or	ied the deeth. Do not in eech line.	enter the mode of dying, euc	h ee cerdiec or reapiratory s	Approximate interval Between				
	IMMEDIATE CAUSE (Finel								
	disease or condition resulting in death)	CVU							
1	DUE TO (OR A	S A CONSEQUENCE OF):							
CERTIFICATION	Sequentially list conditions, Due to (OR AS A CONSEQUENCE OF):								
AT	if any, leading to immediate cause. Enter UNDERLYING								
F	CAUSE (Diseese Dr Injury that initiated events DUE TO (OR A	S A CONSEQUENCE OF):		· · · · · · · · · · · · · · · · · · ·					
RT	resulting in death) LAST								
	PART II. Other significant conditions contributing to deat	h but not requiting in t	he waderhilas sause about in	Part I. 24s. WAS AN AUTOPSY	Y 24b. WERE AUTOPSY FINDINGS				
DICAL	PART II. Other arguments conditions contributing to death	i but not resoning in t	ne underlying couse given in	PERFORMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE				
	-			1 🗆 YES 2 🖟 🗚O	DF DEATH?				
Ž				_	1 TYES 2 NO				
AN	or the over december to median								
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PLACE OF DEATH (C) THER:						
ΗXS	7 YES 2 ☐ NO 1 ☐ Inpatient 2 ☐ A/C 27. MANNER OF DEATH 26s. DATE OF INJUS		Nursing Home 5 Residence F 28c, INJURY AT	6 ☐ Other (Specify) 28d. DESCRIBE HOW INJURY O	ACCHEED				
	1 Natural 5 Pending (Month, Day, Yes	INJURY	WORK? M 1 YES 2 NO	200. DEPONDE NOV MOON O	COUNTED				
8	2 Accident Investigation 3 Suicide 5 Could not be 28e. PLACE OF INJ	JRY — At home, farm, stree		261. LOCATION (Street and Numb	per or Rural Route Number.				
	4 Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide Homicide H	(pecify)		City or Town, State)					
COMPLETED	29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my kr	oulades death segues d	d the time date and place and day	to the courseled and manner on of	entered.				
MP	(Check only one) 2 MEDICAL EXAMINER: On the basic of examination								
	29b. SIGNATURE AND TITLE OF CERTIFIED								
8E	William That of	De De	Outu 29c. LICENSE NU	100.571 D	ATE SIGNED (Month, Day) Year)				
2	30. NAME AND ADDRESS OF PERSON WHOLEOMPLETED CAUSE OF	DEATH (ITEM 27) (Type Pri	nt)	1	1170				
	111:11im D. T.	wes m	D 695 K	FMERICA	21035				
	31. DATE FILED (Month, Day, Year) 32@REGISTRAR'S S	IGNATURE							
	31. DATE FILED (MONTH, DBY, YOU) OCT 1 2 1990 Julie David	son-Randelle							

the stitues or exectored anguests forced and the state of the same or and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state

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FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CEI	RTIFIC	AILU	F DEA	IH	R	EG. NO.			
1. DECEDENT'S NAME (First, Middle, Last) Figha				Thoma	as		2. DATE OF E MONTH Octobe	DAY	1990	YEAR	TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last b	oirthday) IF	UNDER 1 YEAR		9 24 HRS.	7, DATE OF B		100		ACE (State or Foreign
220-18-8987	1 ☐ M 2 🏹 F	67		MONTHS DAYS HOURS MIN. Aug. 24, 1923 Maryland							
9a. FACILITY NAME (If not institution, give st	reet and number)		9b	96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH					Н		
Calvert Memorial	Hospital			Prince Frederick Calvert							
10s. STATE 10b. COUNTY			10c. CITY, TO	OWN OR LO	CATION					10	d. INSIDE CITY
	Lvert		Ow	ings						1	LIMITS?
10e. STREET AND NUMBER					10f. ZIP COD	E		- 8	10g. CITIZ	ZEN OF WHA	T COUNTRY?
8220 Stevens Roa					-	<u>0736</u>				ISA	
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT E FORCES? 1						NIC ORIGIN? (Sp in, Puerto Rican		r No-	14. RACE — Black, W	American Indian, /hite, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		1 🗆 Y	ES 2 NO	Specif	y:			Specify:	Black
15. DECEDENT'S EDUC	CATION	16a, DECE	EDENT'S USL	IAL OCCUPA	ITION		16b. KIN	D OF BUSIN	VESS/INDI	USTRY	
(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5 +)	(G/ve		done during	most of world	ing	A				
12	Comage (1-4 of 5+)	C	1erk								
17. FATHER'S NAME (First, Middle, Last)					18. MOT		ME (First, Middle	e, Malden Su	umame)		
Harvey Gray							Gross				
19a. INFORMANT'S NAME (Type/Print) David Thomas, J	[r	19b. (Mings,				
20a. METHOD OF DISPOSITION		20b. PLACE OF					willgo,		_	City or Town,	, State
1 Donation 5 Other (Specify)	ovel from State	Che:	1tenh	am Ve	teran	s Ce	metery	Che	1ten	ham,	Md
21. SIGNATURE OF FUNERAL SERVICE LIC		0		22. NAME	AND ADDRE	SS OF FA	CILITY	1451	Dar	es Be	ach Rd.
C . (00 - 00 - 00 - 00 - 00 - 00 - 00 - 0	FBEL			Sewe:	11 Fur	iera]	Home	Princ	ce F	reder:	ick, Md
23. PART I. Enter the diseases, Dr c shock, or heart fellure.	complications that c	on each line	th. Do not	enter the	mode of dy	ing, suc	h aa cardiec	or reapire	itory arr	est,	Approximate Interval Between
IMMEDIATE CAUSE (Final											Onset and Death
disease or condition resulting in death)	alvo	in Chi	rcim	DMC	01	the	lune	1			
	DUE TO (O	R AS A CONSEQU	JENCE OF):					J			
Sequentially list conditions, if any, leading to immediate	b. DUE TO (O	R AS A CONSEQU	JENCE OF):								
cause. Enter UNDERLYING CAUSE (Disease or Injury	c										
that initiated events resulting in death) LAST	OUE TO (O	R AS A CONSEQU	JENCE OF):								
	d										+
PART II. Other significant condition	a contributing to de	eath but not rea	aulting in t	he underly	ying cause	given in	Part I. 24	PERFORM		As	ERE AUTOPSY FINDINGS MILABLE PRIOR TO
							10	TYES 2	NO		OMPLETION OF CAUSE F DEATH?
							_		•	1	TES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	WOSPITAL:		0	26 THER:	PLACE OF	DEATH (C/	neck only one)				
1 YES 2 NO	HOSPITAL:			☐ Nursing h		tesidence	6 Other (Sp		Marrie Acc	Otto CO	
Natural 8 Pending	28a. DATE OF IN (Month, Day,		26b. TIME O	/	INJURY AT WORK?	□ NO	28d, DESCRI	BE HOW IN	JURY OCC	CURED	
3 Suicide 6 Could not be	28e. PLACE OF I	NJURY — At hom	is, farm, stre	et, factory, o	office		281. LOCATIO	N (Street snown, State)	d Number	or Rural Rou	te Number,
4 Homicide determined		и (оросиу)					Oily or it	wii, Gieloj	11		
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI	CIAN: To the best of m										nd manner as stated.
29b. SIGNATURE AND THUS OF CERTIFIE	R		in desirate		29c. LIC	ENSE NU	MBER		29d. DATI	E SIGNEO (M	fonth, Day, Year)
14000					ID	22	619		P 10)-10	-40
Ronald Ross, M.		OF DEATH (ITEM	27) (Type, Pri	int)	Drin	20 E.	rodori -	ale M.	T	226	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR				-r 11)(E 197	rederio	K IVI	ary I	aug	
OCT 1 2 19	90 Julia St	widson-R	indelle								
100	()										DHMH-16 Bey 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

MPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	CATE OF DEATH	REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH MONTH DAY YEAR	3. TIME OF DEATH
ĺ	Maria E	Tho	mas	9 19 90 YEAR	10:30 Pm
	4. SOCIAL SECURITY NUMBER 2/3-22-8766 1□	(10)	IF UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Yeer) 5 9 8 98	HPLACE (State or Foreign
	9a. FACILITY NAME (if not institution, give street and	1 number)	B. CITY, TOWN OR LOCATION OF DE		
TOR	Memorial Hospi	tal	Easton	Tal	bot
DIRECTOR	10a. STATE 10b. COUNTY Dorch	ester 10c. CITY,	TOWN OR LOCATION H wlock		18d. INSIDE CITY LIMITS? 1 YES 2 PHO
FUNERAL	100. STREET AND NUMBER At # 1 B or	150	101. ZIP CODE 2/6 4	3 10g. CITIZEN OF	S 9
BY FU	1 Never Married 2 Married FC	AS DECEDENT EVER IN U.S. ARMED DRCES? 1 Types 2 (2) Alo Yes, give war or dates	13. WAS DECENDENT OF HISPAN If yea, specify Cuban, Maxicai 1 YES 2 ATO Specify	n, Puarto Rican, atc.) Bia	CE — American Indian, ck, Whita, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the completed in the comp	ted) 16a. DECEDENT'S U (Give kind of wo iffe. Do NOT use)	SUAL OCCUPATION rk done during most of working retired.)	16b. KIND OF BUSINESS/INDUSTRY	
MP	Demany	- lav	orev	anner	1
BE CO	17. FATHER'S NAME (First, Middle, Last)	Cer	Etael	Baltimore	
2	192. INFORMANT'S NAME (Type(PA))	196. MAJLING A	DDRESS (Street and Number or Burgil F	Route Number, City on Town, State, Zip Cody)	21643
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ramoval fro 4 Donation 8 Other (Specify)	om State 20b. PLACE OF DEPOSIT	non frame of cemetery, crematory or	Reterry	Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF FA	Smith 7 upon	at Home
	Tray We	an	P.O. Box 9	28 Hurbock	, md.
	23. PART I. Enter the disesses, pr compli- shock, pr heart failure. List or IMMEDIATE CAUSE (Final disease or condition	cations that caused the death. Do no nily one cause on each line.	t enter the mode of dying, such	h as cardiac or reapiratory srrest,	Approximate interval Between Onset and Death
	resulting in death) a	DUE TO (OR AS A CONSEQUENCE OF):	Comma o	win Olderse	-
_		+ chief	Lila a coat	in ton	i
ō l	Sequentially list conditions, if eny, leeding to immediate	DUE TO (OR AS A CONSEQUENCE OF):	f vo man	1. 1	
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	Julue	20 to V	with whire	is
E	that initiated events	OUE TO (AS A CONSEQUENCE OF)		V	
ER	resulting in death) LAST	to Pra	u		
LC	PART II. Other significant conditions conf	tributing to deeth but not resulting in	the underlying cause given in	Part I. 24a. WAS AN AUTOPSY 2	4b. WERE AUTOPSY FINDINGS
DICAL	Doubles	melli h		PERFORMEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MED	Brotsable	men	morris		1 YES 2 NO
ž					
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:	28. PLACE OF DEATH (Ch	eck only one)	
VSIC	/		OTHER: 4 Nursing Home 5 Residence	8 Other (Specify)	
BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year) 28b. TIME INJU	OF 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED	
COMPLETED	3 Suicide a Could not be 4 Homicide detarmined	28s. PLACE OF INJURY — At home, farm, st building, atc. (Specify)	reet, factory, office	281, LOCATION (Street and Number or Run City or Yown, State)	al Route Number,
ᆵ	28s. CERTIFIER 1 CERTIFYING PHYSICIAN:	To the best of my knowledge, death occurre	at the me, state and place, and due	to the cause(s) and manner as stated.	
8		the basis of aximination and/or investigation	, pray enion, death occured at the	time, deta and place, and due to the caus	e(a) and manner as stated.
	200 PENATURE AND TITLE OF CERTIFIER		29c, LICENSE NUI		6D (Month, Day, Year)
TO BE	30. NAME AND ADDRESS OF PERSON WHO COM		Print)	1872109	121190
	ABENT T. O	DANKINS I	n s	508 DLE 11	WILL ITU.
	OCT 12 '90	Julia Develor Mando	D.	1 2.100	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an expensive of the first property of the hospital or attending physician. TO THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permits from sidner death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or regional.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

irs after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

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TO BE COMPLETED BY FUNERAL DIRECTOR

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13146,
BOX
P.0.
RECORDS,
VITAL
OF
DIVISION

-	-	sit perm	
	attending physician.	se as the burial-trai	
	by the hospital or	be detached for u	at once.
1	may be retained t	r, page 5 should	st be notified
	er death. Page 6	the funeral directo val.	il examiner mu
ì	rithin 24 nours aft	letely filled in by remation, or remo	int, the medica
200	te be executed w	rsiclan and comp prior to burial, cr	traumatic eve
	the death certifica	the attending phy 1 Mental Hygiene	njury, or other
	aw requires that	s been signed by ept. of Health and	23 shows any
	PHYSICIAN: The	this certificate ha	rked, or Item
	OR ATTENDING	DIRECTOR: After hours after death	item 28 is ma
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permits be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
-	-		

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH AN	D MENTAL	HYGIENE
		C	ERTIFICATE	OI	F DEATH		REG NO

REGISTRAR	STATE OF MARTL		MENT OF H		WENTAL HYGIENE REG. NO.	9	0 28900
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
George T.	Tilo	h			Oct. 3	1990 YEAR	12:50 A. M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6. BIR	THPLACE (State or Foreign
578-22-6205	1 X M 2 □ F	58 YRS.	HONTHS DAYS	HOURS MIN.	10-28-21		aryland
9a. FACILITY NAME (If not institution, give stre	oet and number)		96. CITY, TOWN C	R LOCATION OF DE	ATH	9c. COUNTY OF	DEATH
Southern Marylan	d Hospital (nton		Prince	e Georges
10a. STATE 10b. COUNTY		7.	TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
Maryland Prince	George's	Fo	rt Wash	ington ZIP CODE			1 YES 2 NO
	lood		101	20744		-	
10904 Livingston R		ILIS ARMED	13 WAS DEC		IIC ORIGIN? (Specify Yea	US	
1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 X YES IF YES, GIVE WAR OR D		If yes, sp		n, Puerto Rican, etc.)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ACE — American Indian, ack, White, etc. ec/ly:
3 Widowed 4 Divorced	W.W.II		1 10123	11 NO Specif		30	White
15. DECEDENT'S EDUC. (Specify only highest grade of		16a. DECEDENT'S U	SUAL OCCUPATION OF COMPANY	ON est of working	16b. KIND OF BUS	INESS/INDUSTRY	′
Elamentary/Secondary (0-12)	College (1-4 or 5+)	ilfe. Do NOT use	retired.)				
12th		Operat	ing Eng	The second second	Federal		ment
17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden S	333	
Robert Ti	lch				<u>ie Underwo</u>		
19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Town		
Louise G. Tilch	T 204	10904 L PLACE OF DISPOSI			Ft. Wash:	INGTON - City or	
1 X Burial 2 Cremation 3 Ramo	val from State	other place) St. Mary	s Churc	h Cemete	ry Pis		, Maryland
21. SIGNATURE OF FUNERAL SERVICE LICE		A	22. NAME A	ND ADDRESS OF FA	CILITY	-	, riar y rand
M P	V-1	/L			las Funeral		Section 1
and the same	Kalas,	1	6160	Oxon Hi	11 Rd. Oxon	Hi11.	
23. PART I. Enter the diseases, or co shock, or heart failure. L	implications that cause. let only one cause on \mathfrak{q}	ych line.	ot enter the mo	de of dyling, aud	h as cardiac or reapli	atory arrest,	Approximate Interval Between
IMMEDIATE CAUSE (Finel disease or condition	. 1		1 .	.1	efer.e		Onset and Deeth
resulting in deeth)	Adenocarc	Inoma of		tn metas	ta sis		week
	DOE TO (ON AS)	CONSEQUENCE OF	le .				İ
Sequentially list conditions,	DUE TO (OR AS /	CONSEQUENCE OF	ţ				
If any, leading to immediate ceuse. Enter UNDERLYING							ļ
CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A	CONSEQUENCE OF	:				
resulting in death) LAST							
PART II. Other significant conditions							
	contributing to death b	ut not resulting in	the underlyin	a cause olven in	Pert i 24e WAS AN	MITTORSY :	AL WEDE AUTORSY ENDINGS
		out not resulting in	the underlyin	g cause given in	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
	contributing to death to	out not resulting in	the underlyin	g cause given in		MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
		out not resulting in	the underlyin	g cause given in	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
Respirato		out not resulting in			PERFOR 1 TYES 2	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Respirato	ry Failure		26. P	LACE OF OEATH (C)	PERFOR 1 YES 2	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Respirato	HOSPITAL: 1 Nopetient 2 = ER/Out	patient 3 DOA	26. POTHER: 4 Nursing Hon	LACE OF OEATH (C/	PERFOR 1 TYES 2	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Respirato 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	HOSPITAL:	patient 3 □ DOA	26. P OTHER: 4 Nursing Hon OF 28c. IN.	LACE OF OEATH (C/	PERFOR 1 YES 2	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should

funeral director,

filled in by the figure, or removal.

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cremation,

23

30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

POLSEN

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32. REGISTRAR'S SIGNATURE Suna Davidson-Randale

DIANNE C.

31. DATE FILED (Month, Day, Year)

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-	5	0 %
•	22	무리
DIVISION OF VIEW RECORDS, F.O. BOX 13140	THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed w	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comp filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, or
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH OCTOBER 1, 1990 THOMPSON 2:53 p 7. DATE OF BIRTH

JAN . 19, 1960 SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. HOURE DAYS 142-56-7742 1 XM 2 - F New York. N.Y. . FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH MONTGOMERY BETHESDA, MARYLAND MIH, THE CLINICAL CENTER DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10b. COUNTY SADDLE BROOK NEW JERSEY Bergen 1 K YES 2 NO 109. CITIZEN OF WHAT COUNTRY? $U \cdot S \cdot A$. 10a STREET AND NUMBER FUNERAL 10f. ZIP CODE 07662 130 COLONIAL AVENUE 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married FORCES? 1 X YES 2
IF YES, GIVE WAR OR DATES Specify: WHITE ¥ 3 Widowed 4 Divorced COMPLETED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION pecify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Spe Elementary/Secondary (0-12) College (1-4 or 5+) Private Firm 12th Computer Technician 16. MOTHER'S NAME (First, Middle, Maiden Surname) 17. FATHER'S NAME (First, Middle, Last) Peter John Thompson notified at Frances Patricia Careccia 8 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 PAT THOMPSON, MOTHER SAME AS ABOVE pe 20s. METHOD OF DISPOSITION
1 State 2 Cremation 3 Ramoval from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State must George Washington Mem. Park Paramus New Jersey 21. SIGNATURE OF FUNERAL SERVICE USENSUE examiner 22, NAME AND ADDRESS OF FACILITY
Marshall's Funeral Home 816 4217 9th Street N.W. medical 23. PART 1. Enter the diseases, or complications that ceused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, ehock, or heart failure. List only one ceuse on each line. Interval Retw Onset and Death **IMMEDIATE CAUSE (Finel** the disesee or condition CARDIO PULMONARY ARREST IMMEDIATE event, recuiting in death) DUE TO (OR AS A CONSEQUENCE OF): BRAIN DEATH DAYS traumatic CERTIFICATION Sequentially list conditione, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate MALIBNANT LympHoMA MUNTHS Cause, Enter UNDERLYING CAUSE (Diseese or injury injury, or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in deeth) LAST PART if. Other algnificant conditions contributing to death but not regulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS 24s. WAS AN AUTOPSY MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? shows any t X YES 2 NO 1 - YES 2 1 NO PHYSICIAN: 23 25 WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item EXAMINER? HOSPITAL:
1 Dinpstient 2 - ER/Outpatient 3 - DOA OTHERng Home 5 - Realdence 8 - Other (Specify) 10 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF CEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 28 is marked, 1 Natural 5 Pending investigation 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be detarmined COMPLETED 4 Homicide IMPORTANT: If Item 29e, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basia of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE New YORK STATE 171 681-1 Ci Polsen, ms Dianne 10/2/90

9000 ROCKVILLE PIKE, BETHESDA, MARYLAND 20892

10-10-00

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND /	DEPAR ERTIF					MENTA	L HYGIEN	E	90	289	02
	1. DECEDENT'S NAME (First, Middle, Last)	, that	1050/1		IOAII		DEN		2. DATE	OF DEATH	AY)	YEAR 90	3. TIME OF DEA	
\mathbf{v}	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH 7	0.27		HPLACE (State or I	
/	151-18-0576	1 M 2 - F	1.2	YRS.	MONTHS	DAYS	HOURS	MIN.		OF BIRTH]		Count	try)	
	9a. FACILITY NAME (If not institution, give s	street and number)	9.		9b, CIT	Y, TOWN C	R LOCATIO			ary		INEW	Jerse	<u>y</u>
œ1	University of	Marulan	d Hoeni	i + a l									ore Ci	+37
-84	RESIDENCE OF DECEDENT	adlylan	и позра	LCUI	Du.	TCIN	IOIC			_	Dai	CIM	ore er	C y
	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CIT	ΓΥ
ā		one	one Baltimor				2						1X YES 2	NO
FUNERAL DIRECTOR	10e. STREET AND NUMBER					101	ZIP CODI	E	10g. CITIZEN OF WHAT COUNTRY?					
🖫	8 E. Cross Key	s Road					212	10			Uni		State	
ן בַּ	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13.					Y? (Specify Ye: Rican, etc.)	or No-	14. RAC	E - American Inc ck, White, etc.	dlan,
BY	1 Never Married 2 Narried 3 Widowed 4 Divorced	IF YES, GIVE Y					\$\\X\NO			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Spec	olfy:	
	15. DECEDENT'S EQU	I WWII	40.00							. KIND OF BU			hite	
	(Specify only highest grade	completed)	(G	CEDENT'S live kind of Do NOT u	work done	during mo-	st of worldn	ng					man Hu	tton
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 -	·)	ior			eci	den		(Stoc)				00011
N N	17. FATHER'S NAME (First, Middle, Last)		феп		V I C	C II				Middle, Maiden		ONC		
	Thomas Thomps	on.								er W		+		
BE	19a, INFORMANT'S NAME (Type/Print)	011	140	h MAII IM	ADDDEC	e (Change o				ber, City or Tow				
2	Elizabeth B. T.	homnson	8							Bal			MD	
	20g. METHOD OF DISPOSITION	nompson	20b. PLACE						ouu,				own, Stata	
	1 XBurlal 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	other pl	ece)						1000			and the same	nia
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE AA	- Holl	TAMO					CILITY	IKI	CIIIIIO	na,	Virgi	пта
	►1/\ 1.	10	0-010							y Fu	nera	1 H	ome	
Щ	Noward	1 Cars	an				nond							
	23. PART I. Enter the diseases, or ahock, or heart fellure.	List only one cet	complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arre List only one ceuse on each line.					rest,	Approxid	mate Between				
	IMMEDIATE CAUSE (Finel	01						,		,	11	,	Onset a	nd Death
	disease or condition resulting in death)	. 010	or Co	200	es	Wi	the l	100	an	dsin	N fo	uln	4	
		DUE TO	(OR AS A CONSE	OUENCE C	F):	,					' /			
8	Sequentially list conditions,	b	/02 40 4 00W0F											
RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DOE 10	(OR AS A CONSE	OUENCE C	r-):									
문	CAUSE (Disease or injury that initiated events	c. DUE TO	(OR AS A CONSE	DUENCE O	in:								-	
Ē	resulting in death) LAST		(,									
핑		d												
A	PART II. Other significant condition	ne contributing to	deeth but not i	resulting	In the u	nderlyin	g cause i	given in	Part I.	24a. WAS AP PERFO		24	b. WERE AUTOPSY AMAILABLE PRIO	
EDICAL										1 TYES	NO		COMPLETION OF DEATH?	FCAUSE
ME													1 TYES 2] NO
NA I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF D	EATH (C	neck only o	ne)				
Sic	1 TES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA	4 Nu		6 G R	esidence	6 🗆 Oth	er (Specify)				
27. MANNER OF DEATH 27. MANNER OF DEATH 28. DATE OF INJURY (Month, Day, Year) 28. DATE OF INJURY (Month, Day, Year) 28. LOCATION (Street and Number of Brank Brank Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections of Street Sections o														
								Route Number,						
TED	4 Homicide determined									Town, Grate	,	1		
12	29a. CERTIFIER (Check only	SICIAN: To the best o	f my knowledge, de	eath occur	red at the	time, data	and place	, and due	to the ca	use(a) and ma	nner as st	sted.		
COMPLET	one) 2 MEDICAL EXAMIN												(a) and manner so	stated.
U U	29b. SIGNATURE AND TITLE OF CERTIFIE	R					29c. LIC	ENSE HU	MBER		29d. DA	TE SIGNE	D (Month, Day, Yea	ir)
0	Ruhand Per	~ MI	9				(Re	None side	e entl		•	101	1/90	
일	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CALL	SE OF DEATH OTE	M 27) /5m	a Delecti		1116	S T C	C11 C)			101	1110	

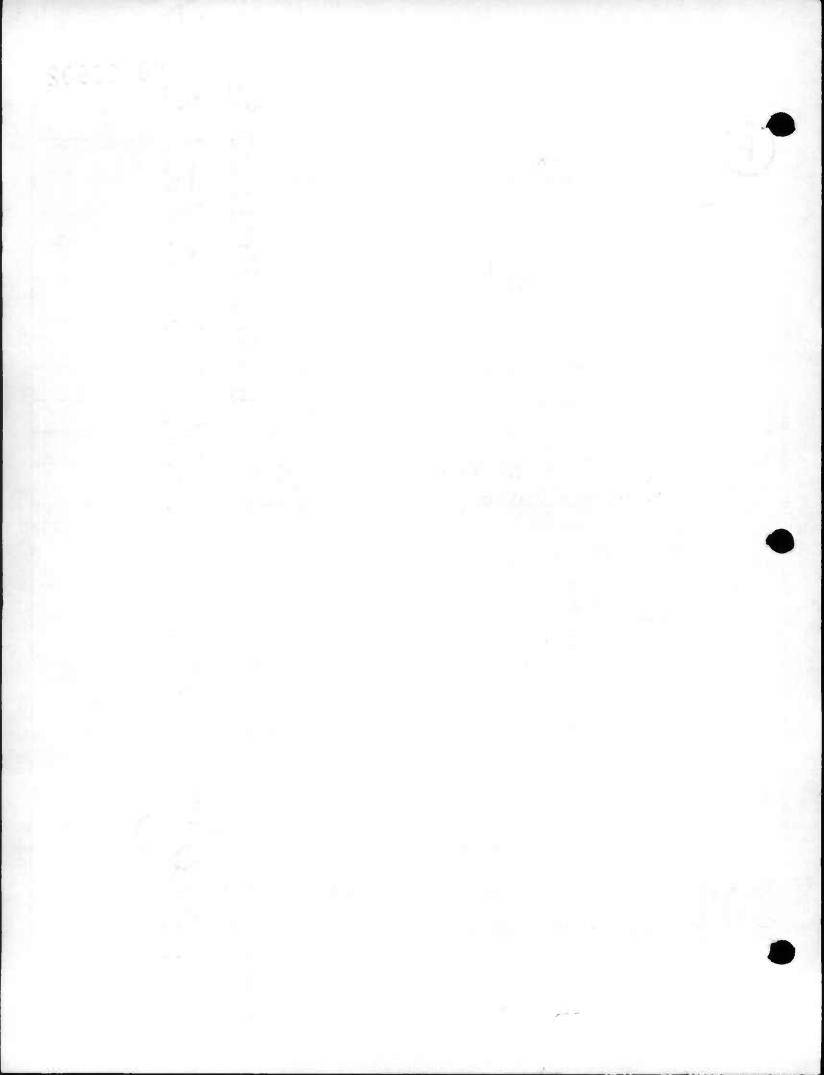
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1960

hard Greene 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year)

guha Davidson-Randale

DHMH-16 Rev 1/89



31. DATE FILED (Month, Day, Year) 0CT 1 0 1990

	1 - FOR STATE OF MARYLAND REGISTRAR C			HEALTH AND N		GIENE G. NO.	91) 2	8903
	1. DECEMENT'S NAME (First, Middle, Lest) WILLARD M. TROSTLE				2. DATE OF DE MONTH 10-0	4-19	90	EAR 3. T	ME OF DEATH
	4. SOCIAL SECURITY NUMBER 214-05-5380 5. SEX $\times \times \times \times \times \times \times \times \times \times \times \times \times \times \times \times \times \times \times$	est birthday) YRS.	IF UNDER 1 YEA		7. DATE OF BII (Month, Day, 04-17	Year)		Country) PA	E (State or Foreign
OR	96. FACILITY NAME (If not institution, give street and number) Memorial Hospital			n or Location of DE erland	ATH		9c. COUNTY Alle	of DEATH	
DIRECTOR	RESIDENCE OF DECEDENT 106. STATE 10b. COUNTY MD Allegany		y, town on Lo berland		10d. INSIDE CITY LIMITS? 1 YES XXX				INSIDE CITY LIMITS? YES XX NO
FUNERAL	100. STREET AND NUMBER Route 3 Box 105C			101. ZIP CODE 21502			10g. CITIZEN USA	OF WHAT	COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDIMPEVER IN U.S. A FORCES? 14 YES 2 IF YES, GIVE WAR OR DATES WW II	RMED NO	If yes	DECENDENT OF HISPAN, specify Cuben, Maxical YES A NO Specify	n, Puerto Rican,		or No- 14	. RACE — A Black, Wh Specify: . WN1	merican Indien, ite, elc.
COMPLETED	(Specify only highest grade completed) Flementary/Secondary (9-12) College (1-4 or 5-4)	Give kind of te. Do NOT u		worker			ness/indus		Co.
BE COM	17. FATHER'S NAME (First, Middle, Last) John F. Trostle			16. MOTHER'S NA Lena I	ME (First, Middle,	Maiden S	umame)		
10 B	19e. INFORMANT'S NAME (Type/Print) Mrs. Dorothy S. Trostle 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Route 3 Box 105C Cumberland, MD 21502								
	20b. PLAC T Burief 2 Cremetion 3 Removal from State 4 Donelion 5 Other (Specify)	e of dispo (gco)Gar	Veter	cans Cemetery or		Flin	ation — city itston	e, M	State)
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Anao 7 Vane	Mi	22-NAM SCA Cum	rpelli fur berland, N	neral H 1D 2150	ome 2			
	23. PART / Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final								
	disease or condition resulting in death) s. A cutte M. I 2 2 5 Due to (OR AS A CONSEQUENCE OF):								
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING b. C. A. D. DUE TO (OR AS A CONSEQUENCE OF): SIP COYONGY BY POLSS SURGEY								
CERTIFICATION	CAUSE. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	EOUENCE O	F):	197	<i>2,2</i>	200			
i I	PART II. Other significent conditions contributing to death but not	t resulting	in the under	lying cause given in	Part I. 24a.	WAS AN A		AVA	RE AUTOPSY FINDINGS ILABLE PRIOR TO
MEDICAL					1 [YES 2	10	OF	MPLETION DF CAUSE DEATH? YES 2 (1) NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMMER? 1 VES 2 NO 1 Inpatient 2 Reproduption	2 - 204	OTHER:	6. PLACE OF OEATH (Ch				<u> </u>	
	27. MANNER OF CEATH 1 Netural 5 Pending (Month, Day, Year)	28b. Till	AE OF 280 JURY	INJURY AT WORK?	28d. OEŞCRIB		JURY OCCU	REO	
тер ву	2 Accident 3 Suicide 4 Homicide 5 Could not be determined 28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm,	street, factory,	office	281. LOCATION City or Tox		nd Number or	Rural Route	Number,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the bast of my knowledge, Medical Examiner: On the base of examination end/or			-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-					d menner es stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER WELLIA WO			29c. LICENSE NU					nth, Day, Year)
유	30. NAME AND ADDRESS OF BEACH (I	TEM 27) (7/m)	e Print)						

10.1-90 DO 8377 veranada, M.D., 924 Seton Drive, Cumberland, MD 21502 32. REGISTRAR'S SIGNATURE DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within its mount of the floate. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, and then within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal. IMPORTANT: If them 28 its marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIEN
CERTIFICATE OF DEATH		REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	D / DEPARTM			MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)			11 10 0 .		2. DATE OF OEATH MONTH		3. TIME OF DEATH			
	William H.		an			10 €	9	0 3 406 "			
		/	n MON	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)			
	9a. FACILITY NAME (If not institution, give street a	TWE2 OF 6	S YRS.	0.771 701111	R LOCATION OF DE	213613	9c. COUNTY	MARYLAND			
DIRECTOR	RESIDENCE OF DECEDENT	Va Ho		3-1.	the property	<	(Bel tow CITY				
E C	10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCAT	ION			10d. INSIDE CITY			
	MARYLAND BALT	IMORE	REIS	TERS TO	VN .		1 TYES 2 NO				
FUNERAL	10e. STREET AND NUMBER				ZIP CODE		22.07	N OF WHAT COUNTRY?			
ÿ	25 GLYNDON DR., AZ	2 . WAS DECEDENT EVER IN U.S.	401170		21136		USA.				
BY FU	4 C Nous Hands 2 X Hands	FORCES? 1 V YES 2 IF YES, GIVE WAR OR DATES	NO	If yes, spe		IIC ORIGIN? (Specify Yen, Puarto Rican, etc.)	14 or No —	. RACE — American Indian, Black, White, etc. Specify: WHITE			
	15. DECEDENT'S EDUCATION	. OECEDENT'S USU			16b. KINO OF BU	SINESS/INDUS	TRY				
COMPLETED	(Specify only highest grade comp	(Give kind of work life. Do NOT use ret	rined.)	st or working							
MP	11		CARPE	NTER			RUCTIO	N			
8	17. FATHER'S NAME (First, Middle, Last)	BERT TILLMAN			18. MOTHER'S NA	ME (First, Middle, Maiden		W AVIGHN			
H	19a. INFORMANT'S NAME (Type/Print)	DERI TILLIPAN	19b. MAILING ADI	DRESS (Street a	nd Number or Rural F	Poute Number, City or Tox	MARGARET VAUGHN				
임	Sylvia Warner 25 GLYNDON DR., APT A2, REISTERSTOWN, MD. 2										
	200 METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ramoval	from State 20b. PL/	ACE OF DISPOSITIO	N (Name of cer	netery, crematory or			y or Town, State			
	4 Donation 5 Other (Specify)		WARD		EL CEMETI		dallst	own, MD.			
	21. SIGNATURE OF FUNERAL SERVICE LICENS	of things	ID ADDRESS OF FA	ECKHARD		RAL CHAPEL MD. 21117					
	23. PART i. Enter the diseases, or com			enter the mo	de of dying, suci			t, Approximate			
	ahock, or faart fallura. Liat IMMEDIATE CAUSE (Final	only one cause on each	ine.					Interval Batween Onset and Deeth			
	disease or condition resulting in deeth) e. me tas tetic DUE TO (OR AS A CONSEQUENCE OF):										
	DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, oue to (or as a consequence of):										
8	cause. Enter UNDERLYING CAUSE (Disease or injury										
E	thet initieted evente resulting in death) LAST	DUE TO (OR AS A CON	NSEQUENCE OF):								
岁	d										
	PART II. Other aignificent conditions co				g ceusa given in	Part I. 24s. WAS AI PERFO		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
20	certice d	75chyt	hmia	۷.		1 YES	2 dia	OF DEATH?			
¥					-	-		1 TES 2 NO			
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (Ch	eck only one)]			
SICI	EXAMINER?	OSPITAL:		THER:		8 Other (Specify)					
Ή	27. MANNER OF DEATH	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 28c, INJ		28d. OEŞCRIBE HOW	INJURY OCCU	REO			
BYF	2 Accident Pending Investigation			M 1 🗆	YES 2 NO						
COMPLETED (3 Suicida 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY — A building, etc. (Specify)	Rural Route Number,								
<u>P</u>	Conduction,	N: To the best of my knowledge	e, death occurred a	t the time, date	and place, and due	to the cause(a) and ma	nner as ataled				
Ö	one) 2 MEDICAL EXAMINER: O	On the besis of exemination and	d/or investigation, is	n my opinion, o	leath occured at the	time, data and placa, a	nd dua to the	cause(a) and menner as stated.			
BE (29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER	29d. OATE S	SIGNED (Month, Day, Year)			
TO E	30. TALE AND ADDRESS OF PERSON WHO CO	OMBI ETED CAUSE OF DE ST	ms	md).			1710	018170			
	30. ITANE AND ADDRESS OF PERSON WHO CO	Tavaling		3	CVA IX	B1159	1 Be1	Home, my			
	31. DATE FILED (Month, Day, Year)	32 PECISTRAR'S SIGNATUR	OF.				£.				
	OCT 10'90	Julia Davidson-1	gandell								



•	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR CERTIFI				MENTA	AL HYGIENE REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Lest) Grover C. Tull,	Jr.					2. DAT	E OF DEATH	90	YEAR	3. TIME OF DEATH		
	. The surface contains to		7 yrs. lest birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS. HOURS MIN.	(Mor	E OF BIRTH oth, Day, Year)		Country	1		
	9e. FACILITY NAME (If not institution, give street		/ 6	9b. CITY,	TOWN 0	R LOCATION OF D		1.3,19		Ma NTY OF DI	ryland EATH		
DIRECTOR	Deers Head Center			Sa	lis	oury			Wi comi co				
8	10e. STATE 10b. COUNTY		10c, CITY	r, TOWN O	R LOCAT	ION			10d. INSIDE CITY LIMITS?				
	Maryland Worce	ster	ster Pocomoke								1 YES 2 NO		
FUNERAL	200000 200 2000	- 3			107.	2185]			10g. CITI	US.	HAT COUNTRY?		
S	Tulls Corner Ro 11. MARITAL STATUS	. WAS DECEDENT EVER IN				ENDENT OF HISPA	NIC ORIG		or No—		— American Indian, , White, atc.		
BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES				city Cuban, Mexic 2 NO Speci		Rican, atc.)		Specia	y:		
	15. DECEDENT'S EDUCAT	ION	16a. DECEDENT'S	USUAL OC	CUPATIO	N .	16	Sb. KIND OF BUS	INESS/INC		white		
	(Specify only highest grade con	grade completed) (Give kind of work done during most of working life. Do NOT use retired.)											
COMPLETED	11		Manager Racing Asso								iation		
	17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Meidle, Mei												
BE	Grover C. Tull, Sr. Hattie Col. 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or T												
은	Elizabeth T. Mariner 203 Eighth Street, Pocomoke, Md.										21851		
i	20e. METHOD OF DISPOSITION 1X Burlel 2 Cremation 3 Remova	20b.	PLACE OF DISPOS other place)					20c. LO	CATION —	N — City or Town, State			
4 Donetton 5 Other (Specify) Salem Methodist Cemetery Pocomoke, Md.											, Md.		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE				SON FUI		L HOM	E				
	23. PART I. Enter the diseases, or con	Ulsan	the death B								d. 21851 Approximate		
	shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Due to (or as a conscouence of):												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reculting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):												
PHYSICIAN: MEDICAL (Arteriosclerotic			in the un	derlyin	g cause given in	Part i.	24a. WAS AN PERFOR 1 YES 2	MED?	246	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SIAN	25, WAS CASE REFERRED TO MEDICAL EXAMINER?	IOCOLTAL.				ACE OF DEATH (C	heck only	one)					
YSIC	1 TYES 2 NO 1	IOSPITAL:			aing Hor	e 5 🗆 Residence	7						
F	27. MANNER OF DEATH 1X Natural 5 Pending	(Month, Day, Year)	28b. TIM	URY M		URY AT PRK? YES 2 NO	28d. D	EŞCRIBE HOW I	NJURY OC	CURED			
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec		street, fact				OCATION (Street e		r or Rural I	Poute Number,		
ETI.	204 CEDTIFIED -				_								
COMPLETED	(Check only one) 2 MEDICAL EXAMINER:										a) and manner as stated.		
BEC	296. SIGNATURE AND TITLE OF CERTIFIER	0.0				29c. LICENSE NI	JMBER				(Month, Day, Year)		
TO B	Vugue o.	Decum	M>			D33905			> 1	0 - 2	-90		
	30. NAME AND ACCRESS OF PERSON WHO				2 _L		016	20.2					
	Dr. Virginia Sla 31. DATE FILED (Month, Day, Year) OCT 0 9 '90	32. REGISTRAR'S SIGN	ATURE	38	1 SD	ury, Md.	218	OU Z					
15	OCT 0 9 '90	Julia Dav	idson-Hand	all									

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE OF REGISTRAR	MARYLAND / CE		MENT OF H		MENTAL HYGI REG.					
	1. DECEDENT'S NAME (First, Middle, Last) Maria Tate					2. DATE OF DEATH	, 199	VEAD	TIME OF DEATH 6:40 P M		
	4. SOCIAL SECURITY NUMBER 5. SEX 388-05-6312 1 □ M 2 ★	6. AGE (In yrs. last		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea March 22,	n	6. BIRTHPLA Country)	ACE (State or Foreign		
	9a. FACILITY NAME (If not Institution, give street and number)				R LOCATION OF DE	ATH	9c. COUN	TY OF DEAT	н		
DIRECTOR	Montgomery General RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	nospi	Olney			Mol	ntgo	d. INSIDE CITY			
DIRE	Maryland Montgomery			ver Spri	ng			1	LIMITS?		
FUNERAL	106. STREET AND NUMBER 8515 Piney Branch Road	101.	ZIP CODE 209	001		ted S	tates				
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 XXWidowed 4 Divorced	If yes, spe	ENDENT OF HISPAN city Cuban, Maxical 2 NO Specify		American Indian, hita, atc.						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5	(GI		JSUAL OCCUPATIO ork done during mos retired.)		16b. KIND OF	BUSINESS/INDU				
OMP	10 17. FATHER'S NAME (First, Middle, Last)	I	Homem	aker	18. MOTHER'S NA	Own ME (First, Middle, Ma	Home				
BE C	Jacob A. Gariepy				Jus	tina Lem	oine				
10	19e. INFORMANT'S NAME (Type/Print)					Route Number, City o					
	Loida E. Castro			yfield S		Takoma Pa	ark, MD		·		
	1 Burial 2 XCremation 3 Ramoval from State 4 Donation 6 Other (Specify)	у	S		11. 12. 12. 12. 12.	, Maryland					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1		Rapp F		GLITY Services Je. Silve		ng MD	20910		
	23. PART I. Enter the diseases, or complications the shock, or heart fallure. List only one complete the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shock of the shoc								Approximata Intarval Between		
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Complete he spt block Due to (or as a consequence of):										
z	DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST										
BY PHYSICIAN: MEDICAL CI	PART II. Other significant conditions contributing to		resulting li	n tha undarlying	cause given in	PE	S AN AUTOPSY REFORMED?	CI	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION DF CAUSE F DEATH? YES 2 NO		
Σ.								'	1123 2 1 1 1 10		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		1	26. PL	ACE OF DEATH (Ch	eck only one)					
HAS	27. MANNER OF OEATH 26s. DATE O	☐ ER/Outpatient 3	26b, TIME	4 - Nursing Hom		6 Other (Specify 26d, DESCRIBE H		CURED			
Y PI	1 Natural 5 Pending (Month,	Day, Year)	INJ	URY WO	RK?	_					
	3 Sulcida 6 Could not be determined City or Town, State) 26a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 26f. LOCATION (Street and Number or Rural Route City or Town, State)										
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of MEDICAL EXAMINER: On the bests of								nd menner as stated.		
ш	290-SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER	29d. DATE		Ionth, Day, Year)		
TO B	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CA	USE OF DEATH (ITE	M 27) (Type,	Print)	0248	86		1013	10		
	ERICTANDENBAUM NO 104	018006		aws Ro#	204 BET	M AGREH	18 208	418			
	31. DATE FILED (Month, Day, Year) 32. REGIST	RAR'S SIGNATURE	indell.								



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	A	de de	89
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ı	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH												
,		Euger	ne Cole	eman (JPCHU	RCH			-	ept. 27			9:53 P.M
	4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In yrs. II	ast birthday)	IF UNDER 1 Y		IF UNDER 24 HRS.	7. DAT	TE OF BIRTN onth, Day, Year)		6. BIRTHP	LACE (State or Foreign
	238 20 015	53	1 🔀 M 2 🗆 F	70	YRS.	MONTHS D	AVS	HOURS MIN.		ay 3, 1	920		h Carolina
	9a. FACILITY NAME (If not in	stitution, give a	treet and number)			9b. CITY, TO	OWN OF	LOCATION OF				NTY OF DEA	
DIRECTOR	Leland		ial Hosp	pital			Riv	erdale			Pr	ince (George's
<u> </u>	10a. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN OR I	LOCATIO	ON				10d. INSIDE CITY	
	MD	Princ	ce George	e's	I	Riverd						1 🗶 YES 2 🗌 NO	
FUNERAL	10s. STREET AND NUMBER					10f. ZIP CODE					10g. CITIZEN OF WHAT COUNTRY?		
핗		ngrer	low Stree					20737				ted St	
5	11. MARITAL STATUS 1 Never Married 2	Married		YES 2		If yes, specify Cuban, Mexican, Puerto Rican, etc.)					or No-	14. RACE - Black,	- American Indian, White, atc.
Β¥	3 Widowed 4 Divo		IF YES, GIVE	MAR OR DATES		1 YES XXNO Specify:						Specify:	hite
- 11	15. DEC	EDENT'S EDU	ICATION	16a. D	ECEDENT'S	USUAL OCCI	JPATIO	N	1	16b. KIND OF BUS	SINESS/IN		ш
E	(Specify onl	y highest grade	College (1-4 or 5		Give kind of te. Do NOT u	work done duri se retired.)	ing most	t of working					
7	08 — Truck									Const	ruct	ion	
COMPLETED	17. FATHER'S NAME (First, M	liddie, Last)		1 70				16. MOTNER'S N	AME (Firs	t, Middle, Maiden			_
	Otha Upchurch							Ann	ie	Freema	n		
) BE	19a. INFORMANT'S NAME (umber, City or Tow		Code)	
2	Pamela Miller 6305 Longfellow St., Riverdale, MD 2073											37	
	20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery, crematory or cheer place) 20c. LOCATION — City or Town, State of the place)												n, Stata
	1 X Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Cheltenham, M												MD
	21. SIGNATURE OF FUREITA	L SERVICE LI	CENSEE	// .		22. NA	ME AND	ADDRESS OF	FACILITY	-			-
	· 2/1	e/cu	1	all's	_	- Re	nac 13	n-Hale Annapol	Lan Lis I	ham Fun Rd., La	eral nham	, MD2	, P.A. 0706
	23. PART I Enter the d	iseases, or	complications the	at caused the c	leath. Do	not anter th	a mod	la of dying, at	ich aa c	ardiac or reapi	iratory ar	reat,	Approximate interval Between
	IMMEDIATE CAUSE (FI		Empering One Co	use on each m	· (ii.								Onset and Daat
	disease or condition reaulting in death)	→	. Card	iopulmo	onary	Arr	est	:					
ĺ	DUE TO (OR AS A CONSEQUENCE OF):												
Z	Sequentially list conditions, Metastatic Cancer of lungs and bones Due TO (OR AS A CONSEQUENCE OF):												
Ĕ	if any, leading to imme	diate	EOUENCE O	F):									
CERTIFICATION	CAUSE (Disease or inju	FOLIENCE O	in.							-			
Ē	that initietad events resulting in daeth) LAST												
E I			d										1
4	PART ii. Other aignifice	ent condition	ns contributing to	deeth but not	resulting	in the unde	riying	ceuse given i	in Part i.	24a. WAS AN			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL	Dehyd	lratio	on and	malnut	riti	on				1 TYES 2		- -	COMPLETION OF CAUSE OF DEATH?
Ä													1 YES 2 NO
ä													N/A
PHYSICIAN:	25. WAS CASE REFERREO TO MEDICAL 26. PLACE OF DEATN (Check only one) EXAMINER? HOSPITAL: OTHER:												
YSI	1 TYES 2 NO		1 Nopatlant 2	☐ ER/Outpatient	3 🗆 DOA	OTHER:	g Nome	5 - Raaldeno	e 6 🗆 O	ther (Specify)			
F	27. MANNER OF DEATH		26a. DATE O (Month,	F INJURY Day, Year)	28b. TH	ME OF 26 JURY	Sc. INJU WOF	IRY AT RK?	28d. l	DESCRIBE HOW I	NJURY O	CURED	
BY	1 Netural 6 2 Accident	Pending Investigation				М	1 🗌 Y	ES 2 NO					
		Could not be	28a. PLACE building	OF INJURY — At I	nome, farm,	street, factory	, offica			OCATION (Street :		r or Rural Ro	ute Number,
E	4 Nomicide	determined											
COMPLETED	29a. CERTIFIER (Check only 1 X CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.												
0	one) 2 MED	ICAL EXAMIN	ER: On the basis of	examination and/o	r Investigati	on, in my opir	nion, de	eth occured at t	he tima, d	lata and place, ar	nd dua to 1	he cause(a)	and manner as stated.
ш	29b. SIGNATURE AND TITLE	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LICENSE N	UMBER		29d. OA	TE SIGNEO (Month, Day, Year)
00	341	ZLX HS MD						D14	905		P (9-28	3-90
2	30. NAME AND ACCORESS O	PERSON WI											
	Year-Kwon		on, M.D	7307	Balt	imore	Av	e. #11	1. (College	Park	MD.	20740
	OCT 0 1 90		Suria Navida	AR'S SIGNATURE						J.17			
	111111111111111111111111111111111111111		CHIMA JOINAL	In-A-/AOMS	0.C.								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1	FOR STATE REGISTRA
I	1. DECEDENT'S I

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	011112 07 11171111	CE	RTIFI	CATE OF	DEATH	F	REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	DEATH			3. TIME DF DE	ATH
Francis Morey 1	Uhler					Sept.	38	1	990	11:11	РМ м
4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last i	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF I	BIRTH		8. BIRTI	IPLACE (State or	Foreign
215 44 8646	1 🖵 M 2 🗆 F	88	YRS.	WONTHS DAYS	HOURS MIN.	Jan.	902	Country)			
9a. FACILITY NAME (If not institution, give st	reet and number)	00		9b. CITY, TOWN	DR LOCATION OF DE		20 1.		INTY DE D		
8131 Chestnut St	reet			Bowie		Pri	nce	Georges			
RESIDENCE OF DECEDENT 10a, STATE 10b, CDUNTY											
				TOWN DR LOCA	TION					10d. INSIDE CIT	
Maryland Prince Georges Bowie 100. STREET AND NUMBER 100. CITIZEN OF WHAT											NO
A STATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PAR				[2							
8131 Chestnut St	12. WAS DECEDENT EVER	IN II C ADM	ED	12 WAS DE	20715 CENDENT OF HISPAN	HC ODICING (6	anally Van		T	States E - American Inc	41
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YE	S 2 NO		If yes, s	neelfy Cuben Meyles			or No—	Spec	k, White, etc.	
15. DECEDENT'S EDUC		16a. DEC	EDENT'S U	ISUAL OCCUPAT	ION	16b. Kill	ID OF BUS	SINESS/IN	DUSTRY		
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	Hife. L	o NOT use	ork done during n retired.)	lost of working						
	4	Bi	ologi	ist		U.	S. 0	over	nmen	ıt	
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Midd	lle, Maiden	Surname)			
Jacob Peter Uhle	r				Sarah	Walte	er				
19a. INFORMANT'S NAME (Type/Print)					and Number or Rural						
Matthew C. Perry		1.	209 (Church	Road Mitc	hellvi	llle	Mary	land	20721	
20a. METHOD OF DISPOSITION 1											
4 Donation 5 Other (Specify)			ery St. Peter Minnesota								
21, SIGNATURE OF FUNERAL SERVICE US	MINSEE	$\overline{\Omega}$			ND ADDRESS OF FA L1-Evans		1 Ho	me.	P.A.		
robert c. w	ans 1	res	٠.		00 Annapo					1and 20	715
23, PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (DR AS A CONSEQUENCE OF): B. DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): B. DUE TO (DR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): B. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
PART II. Other eignificant condition	s contributing to death	but not re	sulting in	the underly!	ng cause given in		a. WAS AN PERFOR	RMED?	24	b. WERE AUTOPSY AMAILABLE PRIC COMPLETION OF OF DEATH?	PR TO F CAUSE
25. WAS CASE REFERRED TO MEDICAL				28.	PLACE OF DEATH (C)	eck only one)					
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/O	utpstient 3		OTHER:	me 5 🗆 Rasidence	8 Other (S	pecify)				
27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJUR (Month, Day, Yea		26b. TIME INJU	OF 28c. II	JURY AT /ORK? YES 2 NO	28d, DESCR		NJURY O	CCURED		
2 Accident Investigation 3 Suicide 6 Could not be determined	26e. PLACE OF INJU building, etc. (S	RY — At hon pecify)	ne, farm, st	treet, factory, of	ice	26f. LOCATH City or 7	ON (Street lown, State)	and Numb	er or Rural	Route Number,	
one) MEDICAL EXAMINE 29b. SKIPATURE AND TITLE OF CERTIFIE	Sropu	tion and/or in	rvestigation	n, in my opinion	daath occured at the	time, data an		nd dua to	the cause	(a) and manner as	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI		1 27) (Type,	Print)							

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2— flows after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If them 28 is marked, or liem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Duvidson-Alandelle

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

20

	once.
	id, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.
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to burial, c	umatic eve
lygiene prior	other tra
th the State Dept. of Health and Mental Hygiene pri	Injury, or
Health ar	ows any
te Dept. of	ım 23 sh
n the Sta	I, or Ite
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9

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

S. McDONALD,

M.D.

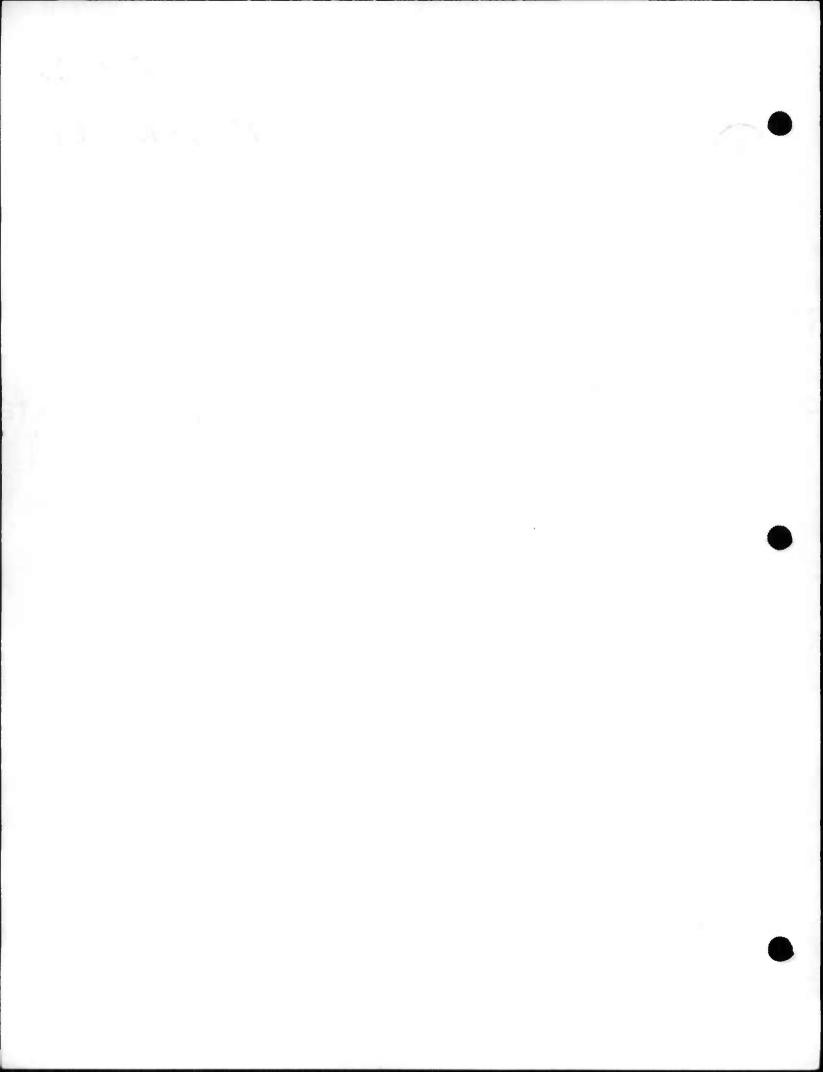
LAWRENCE

	G-671 1/19/91											90	289	09
	FOR 1 - STATE REGISTRAR	STATE OF	MARYLAND	/ DEPAR					MENTA		E			
	1. DECEOENT'S NAME (First, Middle, Last)			ENTIF	ICATI	E OF	DEAL	Л		REG. NO.			3. TIME OF DEA	TH _
	WILLIAM	н.	VIERLIN	G, JR					M9N7	7 - 19	- 4	775	2:45	PH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I		IF UNDER		IF UNDER			OF BIRTH	916	6. BIRTH	PLACE (State or F	oreign
	045-38-1956	1 💢 M 2 🗌 F	43	YRS.	MONTHS	DAYS	HOURS	MIN.	OCT	15,	1947	TEX		
	9e. FACILITY NAME (If not institution, give a			9b. CITY	r, town o	R LOCATIO	ON OF OE	ATH		9c. COUI	NTY OF O	EATH		
O.	10601 BELFAST	PLACE				POT	OMAC				MON'	TGOM	ERY	
ធ្ល	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CIT	Y
DIRECTOR	NEW YORK MAI	NHATTEN			NEW	YORK							LIMITS?] NO
	10e. STREET AND NUMBER						. ZIP CODE	E			10g. CITI	ZEN OF W	HAT COUNTRY?	
FUNERAL	50-11 59th Plac	е					113	373			1	USA		
5	11. MARITAL STATUS	NT EVER IN U.S. A							N? (Specify Yes Rican, etc.)	or No—	14. RACE Black	- American Ind White, etc.	len,	
BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced		WAR OR DATES	N.O			2 X NO			ricell, etc.)		Specif		г
		CATION	I 160 (DECEDENTS	I IISIIAL C	CCHBATIC	NA .		146	NIND OF BUS	INESS/INF	HETEV	WILL	E
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) [Give third of work done during most of working life. Do NOT use retired.) [In December 1] [In December 2] [In December 3] [In December 3] [In December 3] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [In December 4] [,001111				
	Elementary/Secondary (0-12)	Elementary/Secondery (0-12) College (1-4 or 5+) 4 REAL ESTATE BROKER REAL ESTATE												
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NA	ME (First,	Middle, Maiden	Sumame)			
BE C	WILLIAM H. VIERLING, SR. JOHANNA DYKEGRAAF									RAAF				
2	THIS. INFORMANT'S NAME (hyperfilm)													
	ANNA SHUMAN	(SISTE							POTO	MAC, M				
	20a. METHOD OF DISPOSITION 1 Duriel 2 CCremetion 3 Rem	oval from State	other	place)								City or To		
	4 Donation 5 Other (Specify) 21, SIGNATURE OF FUNERAL SERVACE LIG	ENGEE	_ METRO	OPOLI			ATOR ID ADDRE		CILITY	ALE	XAND.	RIA,	VIRGIN	LA
	21. SIGNATURE OF PONEITE SERVICE EN	772'	\cap							S FUNE	RAL I	HOME :	INC.	
	1 Mohal & Daylor 500 UNIVERSITY BLVD., W., SIL. SP.													
	shock, or heert fellure. Liet only one ceuse on each line.										Approxin	Between		
	IMMEDIATE CAUSE (Final disease or condition										Onaet en	d Death		
	resulting in death) a. /// O// AS A CONSEQUENCE OF):													
_	7-31 - 32-32												į	
ERTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):												1	
8	cause. Enter UNDERLYING CAUSE (Disease or injury	c											ļ	
E	that initiated events resulting in death) LAST	DUE TO	O (OR AS A CONS	SEOUENCE (OF):									
H	Country in country Excel	d											<u> </u>	
7	PART II. Other eignificant condition	ne contributing t	o death but no	t reaulting	in the u	nderlyln	g cause	given in	Part I.	24a, WAS AN PERFOR		24b	WERE AUTOPSY	
2										1 TYES 2			COMPLETION OF OF DEATH?	
ME													1 YES 2	NO
PHYSICIAN: MEDICAL														
CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТНЕ		LACE OF D	DEATH (Ch	eck only o	one)				
YSI	1 YES 2 NO	-	☐ ER/Outpatient		4 🗆 Nu	raing Hon		esidence		er (Specify)				
	27. MANNER OF DEATH 1 Netural 6 Pending	26e. DATE ((Month,	Day, Year)	26b. TII	ME OF IJURY M	WC	JURY AT ORK? YES 2 [□ NO	20d. Di	EȘCRIBE HOW I	NJURY OC	CURED		
ВУ	2 Accident Investigation 3 Suicide & Could not be	26e. PLACE	OF INJURY — At	home, ferm,	street, fa				281. LO	CATION (Street o	and Numbe	r or Rural I	Route Number,	
回	4 Homicide 6 Could not be determined	bulldin	g, etc. (Specify)						Cit	y or Town, State)				
COMPLET	290. CERTIFIER t CERTIFYING PHYS	ICIAN: To the best	of my knowledge.	death occur	red at the	time, date	end place	e, end due	to the c	suse(s) end me	ner ee ste	rted.		
OMF	(Check only one) 2 MEDICAL EXAMIN												e) end menner ee	stated.
	288 SIGNATURE AND TITLE OF CERTIFIE	n K	1	Λ			29c. LIC	ENSE NU	MBER		29d. DA	TE SIGNED	(Month, Day, Yea	r)
296. SIGNATURE AND TITLE OF CERTIFIER 138 8 9											▶10-7-90			

31. DATE FILED (Month, Day, Year)

OCT 09 90 32. REGISTRAR'S SIGNATURE
Julia Davidson Randoll. DHMH-16 Rev 1/89

730 24th STREET, N.W.#7, WASHINGTON



		1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
		BIRLEY E. VINSKEY 2. Date of Death Month Day Year Oct. 4, 1990 9.									
, p		4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 K F 94 94 94 95 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96 10 M 2 K F 96								IRTHPLACE (State or Foreign ountry) Missouri	
3 s ould	2	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN								OF DEATH	
1, 2,	стоя	G CARRIAGE HILL—BETHESDA BETHESDA MONTGOMER									
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ermit.		10e. STREET AND NUMBER		thesd	101, ZIP COD	Œ		10g. CITIZEN	1 YES 2 □ NO OF WHAT COUNTRY?		
n. ansit p	FUNERAL	4977 Battery Lane			20814			V.	.A.		
or attending physician. Ir use as the bunal-transit permit.	BY FUN	1 Namer Marriad 2 Marriad FOR	B DECEDENT EVER IN ICES? 1 TYES ES, GIVE WAR OR DA	2 X NO	Hy		an, Maxican,	ORIGIN? (Specify Yea Puarto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White	
	COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete: Elementary/Secondary (0-12) Colleg	d) a (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT u	work done dur	UPATION ing most of worki	ing	18b. KIND OF BUS	SINESS/INDUST		
hospital ached fo	APLI	Elementary/Secondary (V-12)	3	Secre	tarv			Dent	of Int	orior	
det det	CON	17. FATNER'S NAME (First, Middle, Lest)						E (First, Middle, Maiden	Surname)		
ed by ti	BE	John England 19a, INFORMANT'S NAME (Typo/Print)		10h MAII IN	ADDRESS /			tt Upderg		ie)	
s retained 5 should notified	5	George Vinskey						rst MA O		•,	
may be or, page		20a. METHOD OF DISPOSITION 1 fty Burlel 2 □ Cremetion 3 □ Removal from	n Stata 20b.	PLACE OF DISPO	SITION (Name	of cemetery, cre-	matory or	20c. LO	CATION - City	or Town, Stata	
a de e		4 Donation 5 Other (Specify)	P	arklawn				Ro	ckville	MD	
death. Pag tuneral di I. examiner		Joseph Gawler's Sons, Inc.									
after of the moval.		23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate									
nours after ed in by th or remova		ehock, or heart failure. List oni IMMEDIATE CAUSE (Finel								Interval Between Onset end Deeth	
within ipletely cremar			ocardial DUE TO (OR AS A	Degene		n 429	9.1			36 Hrs.	
executed and com o burial,	N	Sequentially list conditions,	pertensiv			ase 40	2.90			2 Yrs.	
be exclan a	ATIC	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING Hypertension 401.9									
certificate ding physi lygiene pri	CERTIFICATION	CAUSE (Disease or Injury that initiated events out TO (OR AS A CONSEQUENCE OF): traulting in death) LAST									
	CER										
	AL	PART II. Other significant conditions contr		ut not resulting	in the und	erlying cause	given in P	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE	
5 BE 8	MEDIC	Cerebral ischemia 4 Carcinomatosis due			<u>.</u>	•		1 YES 2	2 ☐ NO	OF DEATH?	
v requires been sign t. of Heali		Carcinoma breast 17						_		1 NES 2 NO	
The law te has to te Dept	SICIAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)									
SICIAN: The certificate the State , or Item	YSI	1 ☐ YES 2 🖫 NO 1 ☐ In	patient 2 - ER/Outp		A	ng Home 8 🗆 F		Other (Specify)	IN HIM COMP		
F His F	ву рну	1 Natural 8 Pending 2 Accident Investigation	Be. DATE OF INJURY (Month, Day, Year)		JURY M	Sc. INJURY AT WORK?	□ NO	26d. DEŞCRIBE NOW			
TTENDIII TTENDIII 3 affer de 28 is	ETED	3 Suicide 8 Could not be 4 Homicide determined	be. PLACE OF INJURY building, etc. (Spec	— At home, farm,	, street, factor	y, office		261. LOCATION (Street City or Town, State		Bural Route Number,	
4 4 2 F	F	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To MEDICAL EXAMINER: On the								suse(a) and menner as stated.	
TO THE HOSPIT TO THE FUNER De filed within 7	BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	V.	2)		29c. LIC	CENSE NUM		29d. DATE SI	GNED (Month, Day, Year)	
E E S W	10	30, NAME AND ADDRESS OF PERSON WHO COMP	LETEO CAUSE OF DE	ATH (ITEM 27) (Tor	ne, Print)	D	0 4	555	00	t. 4, 1990	
_		Wyrth P. Baker, M.				Chevy	Chase	, MD 2081	.5		
			. REGISTRAR'S SIGN								

01:02 00

TO BE COMPLETED BY FUNERAL DIRECTOR

ITEMS:23,27 per ME

28911 90

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	FOR				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAE

1 - STATE COMMANDER OF MANDER OF MEALTH AND MENTAL HIGHENE CERTIFICATE OF DEATH REG. NO.										
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	F DEATH			TIME OF OE	ATH
Nathaniel				Vann	MONTH 9	2	6 9	()	9:00	Ам
4. SOCIAL SECURITY NUMBER	5. SEX 8.	L AGE (In yrs. last birthday)	IF UNDER 1		7. DATE OF (Month, L	BIRTH		BIRTHPL/	VCE (State or	Foreign
244-62-5565	1 XM 2 - F	48 YRS.	MONTHS	DAYS HOURS MIN.	June	23,	1942		th Car	colina
9e. FACILITY NAME (If not institution, give str	eet and number)		9b. CITY, T	OWN OR LOCATION OF DE	EATH		9c. COUNTY	Y OF DEAT	Н	
20525 Neer Winder	St. (in a	auto)	Ge	rmantown			Mont	gome:	ry	_
DC 106. COUNTY			ry, town on Washin						d. INSIDE CIT LIMITS?	
100. STREET AND NUMBER 1445 Summit Plac	ce N. W.			101. ZIP COOE 20009				N OF WHA	T COUNTRY?	
11. MARITAL STATUS 1									/hite, etc.	dien,
15. OECEDENT'S EDUC (Specify only highest grade of		18e. OECEDENT'		SUPATION ring most of working	18b. K	INO OF BUS	INESS/INOUS	STRY		
Elementary/Secondery (0-12)	College (1-4 or 5+)	ille. Do NOT	use retired.)							
12	4 years	Labar	atory				piolog	ical	Lab	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Mic	idie, Maiden	Sumeme)			
Lee Vann					<u>ie Bo</u>					
19e. INFORMANT'S NAME (Type/Print)		12052	Neer antown	winder sty Md. 208	reet number	; City or Town	n, State, Zip Ci	ode)		
Venattia Vann 200. METHOD OF DISPOSITION				e of cemetery, cremetory or	-	_	CATION — CII		State	
1 Buriel 2 Cremation 3 Remo	val from State	other place)		al Home			skie,	-		- 1
21. SIGNATURE OF FUNERAL SERVICE LIC	NSEE ,	IIdiioCi	22. N/	AME AND ADDRESS OF FA	киту∭ај					. —
21. SIGNATURE OF FUNERAL SERVICE MCNSEE 22. NAME AND ADDRESS OF FACILITY Marshall's Funeral Home, 4217 9th Street, N. W. Washington, D. C. 20011										
23. PART I. Enter the diseases, or c	omplications that of	caused the death. Do	not enter t						Approxi	mate
shock, or heart failure. I	ACUTE AN	OR AS A CONSCOUENCE		LISM						Between nd Death
Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury		DR AS A CONSEQUENCE								
thet initiated events resulting in death) LAST	OUE TO (C	OR AS A CONSEQUENCE	0F):							
PART II. Other significant conditions	contributing to d	leath but not resulting	in the und	erlying cause given in	Part I. 2	24a. WAS AN			ERE AUTOPSY	
					_	PERFOR		O O	MILABLE PRIC OMPLETION OF F DEATH?	F CAUSE
25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF OEATH (C/	heck only one)					
EXAMINER? 1 VYES 2 NO	HOSPITAL:	ER/Outpatient 3 DOA	OTHER:	ng Home 5 🗆 Residence	S W Wither	(Specify)	road	/in =	auto	
27. MANNER OF DEATH 1 Netural 5 Pending Investigation	2Se. DATE OF IN (Month, Day,	NJURY 28b. T		1 YES 2 NO	T		NJURY OCCU		auco	
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at that time, date end piece, and due to the ceuse(e) end menner es stated.										
296. SIGNATURE AND TITLE OF CENTURE	11/			29c. LICENSE NU	IMBER		29d. DATE	SIGNED (M	fonth, Day, Yes	nr)
ACT SIL	1			OCME			>	9/27/	90	
30. NAME AND ABORESS OF PERSON WHO										
Frank J. Peretti	M.D 7	Assistant		111 Pe	nn St		Ba	lto,	MD	SS
Frank J. Peretti, 31. DATE FILEO (Month, Dey, Year) SEP 28 '90	32. HEGISTHAR	Davidson-Rand	600							

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21203-3146

DHMH-16 Ray 1/89

VEAR

1990

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

7:10 P

MD

2. DATE OF DEATH MONTH

7. DATE OF BIRTH

SEPT

IF UNDER 24 HRS.

HOURS

DAY

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

266-76-6302

JOSEPH

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1 M 2 - F

5 SEY

VAN SCHOICK

8. AGE (in vrs. last birthday)

IF UNDER 1 YEAR

DAYS

MONTHS

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ath certificate be executed within 24 mours after d	tending physician and completely filled in by the	al Hygiene prior to burial, cremation, or removal.
death certificate be executed within 24 mours after d	e attending physician and completely filled in by the	lental Hygiene prior to burial, cremation, or removal.
the death certificate be executed within 24 mours after d	, the attending physician and completely filled in by the	d Mental Hygiene prior to burial, cremation, or removal.
hat the death certificate be executed within 24 mours after d	d by the attending physician and completely filled in by the	and Mental Hygiene prior to burial, cremation, or removal.
uires that the death certificate be executed within 24 mours after death, Page 6 may be retained by the hospital or attending phy	signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlah	feath and Mental Hygiene prior to burial, cremation, or removal.

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

permit. Pages 1, 2, 3 should APRIL 30,1895 NEW JERSEY 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH PAINT BRANCH NURSING HOME DIRECTOR ADELPHI PRINCE GEORGES RESIDENCE OF DECEDENT 10a. STATE 10h. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND MONTGOMERY SILVER SPRING 1 YES 2 NO 10f. ZIP COOE FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 3330 NORTH LEISURE WORLD BOULEVARD, #816 an. 20906 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ∑ YES 2 □ NO IF YES, GIVE WAR OR DATES WWI & WWII 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indien, Black, White, etc. 1 Never Merried 2 Merried
3 Widowed 4 Divorced If yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 1 TYES 2 XNO Specify: Specify. BY WHITE COMPLETED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade complete) Elementary/Secondary (0-12) College (1-4 or 5+) ADMINISTRATOR 4 VETERANS ADMINISTRATION 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) notified at 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
SILVER SPRING.
#816. 20906 BE 19e. INFORMANT'S NAME (Type/Print) 2 BARBARA H. VAN SCHOICK pe 20e. METHOD OF DISPOSITION

1 Burlel 2 X Cremation 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 28c. LOCATION - City or Town, State must METROPOLITAN CREMATORY ALEXANDRIA, VIRGINIA examiner 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE FRANCIS J. COLLINS FUNERAL HOME, INC. benter 500 UNIVERSITY BLVD., W., SIL.SP. 20901 medical 23. PART i. Briter tha diseases, or complications that caused the daeth. Do not antar the mode of dying, such as cardisc or respiratory strest, Approximata shock, or heart failure. Liet only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final the disease or condition event, resulting in death) -1/600 11 or other traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate ceuse. Entar UNDERLYING CAUSE (Diseese or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events rasuiting in daeth) LAST injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE any Hosemile 1 YES 2 NO OF DEATH? shows 1 | YES 2 | NO been t. of l PHYSICIAN: certificate has be h the State Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) item **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 8 Sther (Specific St 5 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED After this co marked, 1 Netural 5 Pending М 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State)) THE HOSPITAL OR ATTENDII) THE FUNERAL DIRECTOR: AI) filed within 72 hours after de 8 Could not be determined 60 ETED. 4 Homicide 28 Item 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and manner se stated. COMPL TO THE HOSPITA
TO THE FUNERAL
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 29b. SIGNATURE AND TITLE OF CENTIFIER 29d. DATE SIGNED (Month, Pay, Year) 29c. LICENSE NUMBER BE 90 125 2 ED CAUSE OF DEATH (ITEM 27) (1) DR. 10401010 31. DATE FILED (Month, Dey, Year)
SFP 2 8 90 32. REGISTRAR'S SIGNATURE una Davidson-Randall

OR ATTENDING PHYSICIAN: The

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DIVISION

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH ANI	MENTAL HYGIEN		20313				
	1. OECEDENT'S NAME (First, Middle, Last) RENNETh	W. VA.			10 1	6 90	2010 M				
	4. SOCIAL SECURITY NUMBER 035-20-3641	1 (M 2 F	6 / YRS. WO	UNDER 1 TEAR IF UNDER 34 HR	12/27/	28 Ne	RTHPLACE (State or Foreign buntry) W YORK				
DIRECTOR	North AL	9a. FACILITY NAME (If not institution, give street and number) North Arundel Hosp Blood Burne 9c. COUNTY OF DE RESIDENCE OF DECEDENT									
	Maryland Calve			Republic		10d. INSIDE CITY LIMITS? 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY?					
FUNERAL	3916 South Shore	Drive	U.S. ARMED	20676	PANIC ORIGIN? (Specify Ve	U.S.A					
TO BE COMPLETED BY	1 Never Married 2 Married 3 Wildowed 4 Divorced		2 NO	13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxican, Puerio Rican, stc.) 1 VES 2 NO Specify: White							
	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)	CATION completed) College (1-4 or 5+)	(Give kind of work	W .							
	17. FATHER'S NAME (First, Middle, Last)	4	FIECULIC	Engineer 18. MOTHER'S	Westin NAME (First, Middle, Maide						
	Kenneth W. Van Du	ızer, Sr.		Gertr	ude Ward						
	19a. INFORMANT'S NAME (Type/Print)			DRESS (Street and Number of Ru	in the same of the same						
	Roberta E. Van Du			Shore Dr; Po		Maryl					
	1 X Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from Stata	other place)								
	21. SIGNATURE OF FUNERAL SERVICE LIC	Wesley Methodist Cemetery Pr. Frederick, Maryla 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Port Republic, Maryland 20676 Wesley Methodist Cemetery Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland Pr. Frederick, Maryland P									
CAL CERTIFICATION	shock, or heart fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 24a. WAS AN AUTOPSY FINDING: AMALABLE PRIOR TO AMALABLE PRIOR TO										
PHYSICIAN: MEDICAL		1 U YES 2 NO COMPLETION OF CAUSE OF GEATH? 1 VES 2 NO									
SIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 7 YES 2 NO	HOSPITAL:		26. PLACE OF DEATH							
BY PHYS	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJURY AT WORK? M 1 YES 2 NO	28d. OESCRIBE HOW	INJURY OCCURE	D				
	3 Suicide 6 Could not be 4 Homicide detarmined	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural City or Town, State)									
COMPLETED	Corrock only	17.1		it the time, data and place, and in my opinion, death occured at			use(a) and manner as stated.				
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WI	Mas In	D Dep ATH (ITEM 27) (Typol Pri	outy D	06054	10	NED (Month, Day, Year)				
	31. DATE FILED (Month, Day, Year) OCT 18 19	32. PROJETRAJE SIGN	ATURE Randall	D 69	5 Am	orica	4 21035				
001101000											

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND 21203-3146
PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for useras the burial-transit pe be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: It isom 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	e medical examiner must be notified at once.

	1 - STATE REGISTRAR	CERTIF	CATE OF	DEATH	RE	EG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last) 2. OATE OF OEATH MONTH DAY YEAR 3. TIME OF DEATH										
		s. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. OATE OF BI		8. BIR	RTHPLACE (State or Foreign			
	232-96-8152 1 M 2 M F 95	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day,			D 111 A N/D			
	*ATITE GAN W In the County of A Number Sing H		9b. CITY, TOWN	OR LOCATION OF DE			9c. COUNTY OF	RULAND TI	1		
œ		ome	Cumbe	mberland Allegany							
8	Furnace Street Cumberland Allegany Residence of Decedent										
DIRECTOR	10e. STATE 10b. COUNTY		Y, TOWN OR LOCA		10d. INSIDE CITY LIMITS?						
0	MD Allegany	Cumberland						1 XYES 2 NO			
4	10e. STREET AND NUMBER		10	. ZIP CODE				F WHAT COUNTRY?			
ER	81 GREENE STREET			21502		1	United States				
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S	R. ARMED	RMED 13. WAS DECENDENT OF HISPANIC OF			ORIGIN? (Specify Yea or No- 14. BACE — American I			_		
	1 Never Married 2 Married FORCES? 1 YES 2		If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 ☐ YES 2 ☑ NO Specify: Specify					leck, White, etc.			
ВУ	3 Wildowed 4 Olvorced			X				White			
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	DECEDENT'S	USUAL OCCUPATION	ON	18b. KIND	OF BUSI	NESS/INDUSTRY	Y			
	Elementary/Secondary (0-12) College (1-4 or 5+)	Iffe. Do NOT us	se retired.)	ost or working							
P	UNKNOWN	ousew	ife		HON	4E					
COMPLET	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NA			umame)				
TO BE C	John Null			Emma	Burke	tt					
	198: INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street	and Number or Rural i	Route Number, Ci	ity or Town,	State, Zip Code)	Part 3			
	AUDREU AULT Carpor and	546	GREENE	ST-CUM	BERLAN	VD . :	MD 21	1502			
	20a. METHOD OF DISPOSITION 20b. PL	ACE OF DISPOS		metery, crematory or			ATION — City or	Town, State	_		
	. We want to the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the cont	er place)	11 CEMI	ETERN	ERU Cumberland, MD						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
1	GEORGE-UPCHURCH FUNERAL HOME, P.A.										
			202	GREENE	ST.,CL	IMBE.	RLAND	MD 21502			
	23. PART I. Enter the diseases, or complications that ceused the ahock, or heart fellure. List only one cause on each	e death. Do i lina.	not enter tha mo	oda of dying, suc	h as cardiac	or respire	itory arrest,	Approximete Interval Batwee	en		
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Clark Pulsus navy Edema										
	DUE TO (OR AS A CO	NSEQUENCE O	F):		7 10						
Z	Conventally list conditions	any	aut	epy	allo	200	se.				
E	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	CAUSE (Disease or Injury										
Ë	that initiated events resulting in death) LAST										
Ë	d								_		
	PART II. Other significant conditions contributing to deeth but i	not reaulting	In the underlyin	g ceuse given in	Part I. 24a	. WAS AN A		24b. WERE AUTOPSY FINDINGS	S		
DICAL	Diffuse Cevelynovascu	dan	die	00120		PERFORM		AMAILABLE PRIOR TO COMPLETION OF CAUSE			
	1 1 1	N NO	OF DEATH?								
Σ	Torque brain synanome.										
AN	25. WAS CASE REFERRED 1 DEDICAL	U	20.0	ACE OF BEATH (C)					_		
PHYSICIAN: ME	EXAMINER? HOSPITAL:		OTHER:	LACE OF DEATH (Ch	reck only one)			_			
ΥS	1 ☐ YES 2 MNO 1 ☐ Inpetient 2 ☐ ER/Outpetie 27. MANNER OF DEATH 286. DATE OF INJURY	nt 3 🗆 DOA		ne 5 - Residence	1						
d.	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year)		JURY W	JURY AT DRK?	28d. DEŞCRIE	SE HOW IN	JURY OCCURED				
BY	2 Accident Investigation	4.1		YES 2 NO					_		
	3 Suicide 6 Could not be 4 Homicide determined	At home, farm,	street, factory, offi	CO .		N (Street an wn, State)	id Number or Rui	ral Route Number,			
ET					<u> </u>						
PL	29a. CERTIFIER (Check only 1 X CERTIFYING PHYSICIAN: To the best of my knowledge	e, death occur	red at the time, dat	and place, and due	to the cause(s)) and manr	ver as stated.				
COMPLETED	one) 2 MEDICAL EXAMINER: On the beals of examination an	id/or investigation	on, in my opinion,	death occured at the	time, data and	placa, and	dus to the caus	se(s) and manner as stated.			
EC	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU	MBER		29d. DATE SIGN	NED (Month, Day, Year)	_		
0	V. A. Kany Man			D1973	50		10-	12-90			
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH	(ITEM 27) (Type	o, Print)				, ,	/ 0	-		
	V.A. RANJITHAN - MEMORIAL	HOSP	MED.	BLDGC	UMBER	LANT). MT	21502			
	31 DATE FILED (Month Day You'll . 22 DECISTRAD'S SIGNATU		1		21,1120 20 21		,,,,				
	DCT 15 1990 Julia Davidson-Rindelle										

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	011111111111111111111111111111111111111	CERTIFIC	ATE OF DEATH	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	REG. NO.	
1. DECEDENT'S NAME (First, Middle, Last)	George ,1	ouis Vo	jtech	2. DATE OF MONTH	DEATH DAY	YEAR 3. TIME OF DEATH
GEORGE	<u> </u>	OSTE	CH	1	08	90 12:20 1
The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	8. AGE		F UNDER 1 YEAR IF UNDER 24 HRS	(Month, L		8. BIRTHPLACE (State or Foreign Country) New YOTK
9e. FACILITY NAME (If not institution, give stree		91	b. CITY, TOWN OR LOCATION OF TOWSON		9c. COU	NTY OF DEATH
St. Joseph Hospital					Be	alto.
10e. STATE 10b. COUNTY	rford		oingdon		-4	10d. INSIDE CITY LIMITS? 1 YES 25 NO
100. STREET AND NUMBER 4000 Baker Avenue	2		101. ZIP CODE 21009			IZEN OF WHAT COUNTRY?
11. MARITAL STATUS 1 1 Never Merried 2 🔀 Married 3 🗌 Widowed 4 🗍 Divorced	2. WAS DECEDENT EVER I FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 NO	13. WAS DECENDENT OF HIS If yes, specify Cuben, Mea 1 YES 2 NO Spe	dcen, Puerto Ric	(Specify Yea or No— an, etc.)	14. RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S EDUCAT	Korea -	18a. DECEDENT'S US	BUAL OCCUPATION	18b. K	IND OF BUSINESS/INC	DUSTRY
(Specify only highest grade con Elementary/Secondary (0-12)	mpleted) Collega (1-4 or 5+) 4	ille. Do NOT use n	k done during most of working etired.) Engineer		Manufactu	ring
17. FATHER'S NAME (First, Middle, Last) Vaclav — Vo	jtech		18. MOTHER'S Anna	NAME (First, Mic	idie, Maiden Surname) Kucn	
190. INFORMANT'S NAME (Type/Print) Emily Vojtech		196. MAILING AT 4000 B	obress (Street and Number or Ru aker Avenue,		on, Md. 2	
20e. METHOD OF DISPOSITION 1 ☐ Burlel 2 1 Cremation 3 ☐ Remove 4 ☐ Donetion 5 ☐ Other (Specify)			ON (Name of cemetery, cremetory ris Crematory	or		city or Town, State ester, Pa.
21. SIGNATURE OF FUNERAL SERVICE LICEN			22 NAME AND ADDRESS OF	FACILITY		
Hocerce KT	Uc Com	25 11	Howard K. Market 1317 Cokesby	cComas ury Roa	III Funer d, Abingd	al Home, P.A. on,Md. 21009
23. PART I. Enter the diseeses, or con						
shock, or heert fellure. Lie IMMEDIATE CAUSE (Finsi disease or condition resulting in death) e.	CENTRAL	NER	LVOUS S	YSTE	M LYM	Onset and Beath
	RENAL	A CONSEQUENCE OF):	SUFFICIEN			
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF):		1		
CAUSE (Diseese or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):				
PART ii. Other significent conditions	contributing to death	but not resulting in	the underlying cause given	in Part i	24a, WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
					PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
						1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH	(Check only one)		
	HOSPITAL:		OTHER: Nursing Home 5 - Reelden	nca 6 🗆 Other	(Specify)	
27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Yeer)	28b. TIME (OF 28c. INJURY AT	28d. DESC	RIBE HOW INJURY OC	CCURED
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datermined	28e. PLACE OF INJUR building, etc. (Spo	Y — At home, ferm, stri ec/fy)		28f. LOCA	FION (Street and Number Yown, State)	or or Rural Route Number,
29e. CERTIFIER		wledge, death occurred	at the time date and alone and	due to the caus	e(e) end menner as sta	
(Check only	AN: To the best of my known on the basis of axaminati					ited. the cause(e) and manner as stated.
(Check only	_			the time, date e	and place, end due to t	
(Check only one) 2 MEDICAL EXAMINER:	On the basis of axaminati	eath (ITEM 27) (Type, P	In my opinion, death occured at 29c. LICENSE D 2	the time, date e	and place, end due to t	the cause(e) and manner se stated. TE SIGNED (Month, Day, Year)

01: :01

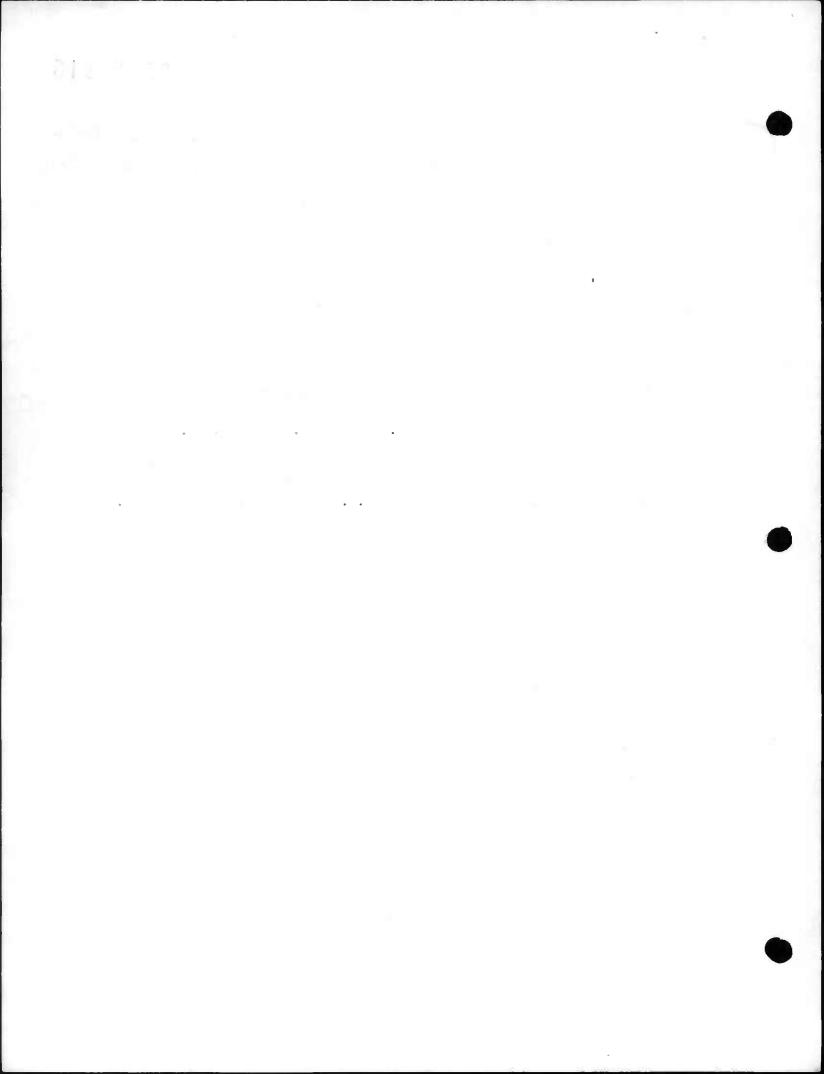
TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

REGISTRAR		CERTIFICA	ATE OF DEATH	REG. NO	•	
1. DECEDENT'S NAME (First, Middle, Lest)	VAUG	hN		2. DATE OF DEATH MONTH D	o 90	
225 48 7069 1	□ M 2 XF 5	YRS. MON	UNDER 1 YÉAR IF UNDER 24 HRS. THS DAYS HOURS MIH.	7. DATE OF BIRTH (Month, Day, Year) 5-1-3(NO1	orthplace (State or Foreign Intry) rth Carolina
99. FACILITY NAME (If not institution, give street HAFFORD MEMORY RESIDENCE OF DECEMENT	ial Hospit	af /	CITY, TOWN OR LOCATION OF O	eath Md.	9c. COUNTY OF	Sard
10e. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATION	-		10d. INSIDE CITY LIMITS?
MD Harfor	<u>d</u>	Abero	leen 101. ZIP CODE		10g. CITIZEN O	1 YES 2 NO
716 Webb ST			21001		USA	SCHILL AND THE
11. MARITAL STATUS 1 □ Never Merried 2 □ Merried 3 ☑ Widowed 4 □ Divorced	2. WAS DECEDENT EVER IN S FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	13. WAS DECENDENT OF HISPA If yee, specify Cuben, Mexic 1 YES 2 NO Speci	an, Puerto Ricen, etc.)	BI	ACE — American Indian, lack, White, etc. pocity: Black
15. DECEDENT'S EDUCATI (Specify only highest grade con	mpleted)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret	done during most of working	16b, KIND OF BU	SINESS/INOUSTRY	,
Elementary/Secondary (0-12)	College (1-4 or 5 +)	dietet	,	civil	service	2
17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N.	AME (First, Middle, Maiden		
Rubin Reed 190. INFORMANT'S NAME (Type/Print)		T 105 MAILING ADI	Druci DRESS (Street and Number or Rural		en State 7in Code)	
Deloris Brown		5 4 2 4 5	Belair Ave. A			
20a, METHOD OF DISPOSITION	from State	PLACE OF DISPOSITIO	N (Name of cemetery, crematory or		CATION — City or	Town, State
4 Donellon 5 Other (Specify)	I ME	nola Bapt	ist Cem 22, NAME AND ADDRESS OF F	Woo	dlawn. N	North Carolina
· Gent la	bear		Arnold Beard P.O. Box 188	Funeral S		1D.
23. PART I. Enter the diseases, or con shock, or heert fellure. Lia IMMEDIATE CAUSE (Final	it only one ceuse on sec	ch line.	enter the mode of dying, eu	ch es cardlec or reep	iratory arrest,	Approximate Interval Between Onset and Death
disease or condition resulting in death)		CONSEQUENCE OF):				
Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING	OUE TO (OR AS A	CONSEQUENCE OF):				
CAUSE (Disease or injury that initiated events resulting in deeth) LAST	OUE TO (OR AS A	CONSEQUENCE OF):				
PART II. Other significent conditions of	contributing to death bu	t not resulting in t	he underlying cause given is			24b. WERE AUTOPSY FINDINGS
Hyper	tennia	1		PERFO	RMED? 2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	HOSPITAL:		26. PLACE OF DEATH (C			
22 MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Nursing Home 5 Reddence F 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURED	,
2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY - building, etc. (Specific	— At home, ferm, stree (y)	of, factory, office	281. LOCATION (Street City or Town, State		ral Route Number,
(Crieck Urity			it the lime, date end place, end du			se(e) end manner ee stated.
296. SIGNATURE AND TITLE OF CERTIFIER	volcour	li n	Z D LICENSE NI	UMBER	29d. DATE SIGN	Manth, Day, Year)
	COMPLETED CAUSE OF OEA		nn) ND /25	N. Man	V ST.	BETANK, MO
31. DATE FUED (MOOT) 97 90	32. BEGISTRAR'S SIGNA					21014.



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	FOR 1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF F		MENTAL HYGIEN REG. NO.	90	28917
	1. DECEDENT'S NAME (First, Middle, Les	CLAPYS WILL	21/19/13			2. DATE OF DEATH	1,,19%	3. TIME OF DEATH 2.40 pc.
١	4. SOCIAL SECURITY NUMBER 2 14-29-548898	1 M ETS F	75 vns.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		a. Sc. COUNTY	BIRTHPLACE (State or Foreign Country) FIGGERIAL M
TOR	Morthampton Ma	nor -200 E	16th St.		derick			PERICK
DIRECTOR	10s. STATE 10b. COUN		10c, Cf	TY, TOWN OR LOCA				10d. INSIDE CITY
College of	Maryland F	'rederick			derick			YES 2 NO
RA	380 Madison S	treet		10	I. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Nover Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2-1 NO	If yes, sp		NIC ORIGIN? (Specify Yea in, Puarto Rican, atc.) y:		RACE — American Indian, Black, Whita, etc. Specify: Black
TED	15. DECEDENT'S Et (Specify only highest gra	DUCATION de completed)	(Give kind of	S USUAL OCCUPATION		16b. KIND OF BUS	SINESS/INDUST	TRY
COMPLET	Elementary/Secondary (0-12) 9 ± h	College (1-4 or 5+)	Me. Do NOT				None	
OM	17. FATHER'S NAME (First, Middle, Last)		DO	mestic	16. MOTHER'S NA	ME (First, Middle, Maiden		-
	William A. Br	own			D. Section	Goines	,	
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Street		Route Number, City or Town	n, State, Zip Co	de)
2	Gertrude Wood	s (Sister)	3901	Hampde	n St.,	Kensingt	on. M	ID 20895
V	20a METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Re 4 Donation 6 Other (Specify)	movel from State	PLACE OF DISPO	W Cemet	netery, crematory or Cery	ree Fre	CATION — City	ck, MD
	21. SIGNATURE OF FUNERAL SERVICE	· / hone	len	Snow	ND ADDRESS OF FA len Func ville, N	eral Home MD 20850	, P.A	١.
	23. PART I. Enter the diseases, o shock, or heert failure immEDIATE CAUSE (Final disease or condition resulting in death)	e. Lilat only one cause on e	tage (not enter the mo			ratory arrest	Approximate Interval Between Onset and Deat
CERTIFICATION	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. OUE TO (OR AS A						
PHYSICIAN: MEDICAL C	PART II. Other significant condition	ons contributing to death b	ut not resulting	in the underlying	g cause given in	Part I. 24a. WAS AN PERFOF	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp	patient 3 DOA	OTHER:	LACE OF DEATH (C)	neck only one) 6 Other (Specify)		
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. T(ME OF 28c. IN.	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCUR	RED
	3 Suicide 6 Could not b	28e. PLACE OF INJURY building, etc. (Spec	— Al home, farm city)	, street, factory, offic	ea .	281. LOCATION (Street City or Town, State)	and Number or	Rural Route Number,
COMPLETED	Torroom only	SICIAN: To the best of my know NER: On the besis of axamination						
BE C	29b. SIGNATURE AND TITLE OF CERTIF	TIER V	1		29c. LICENSE NU		29d. DATE S	IGNED (Month, Day, Year)

D3217

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

Gough, Frederick St., Walkersville, MD M.D. 19

31. DATE FILED (Month, Day, Year)
OCT 0 4 90

32. REGISTRAR'S SIGNATURE
Gicha Davidson-Randelle

90

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a construction of the function of the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be pages 1, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be pages 1, 3 should be pages 1, 3 should be pages 2, 3 should be pages 2, 3 should be pages 2, 3 should be pages 3, 3 should be pages 2, 3 should be pages 3, 3 should be pages 3, 3 should be pages 3, 3 should be pages 3, 3 should be pages 3, 3 should be pages 3, 3 should be pages 3, 3 should be pages 3, 3 should be pages 3, 3 should be pages 3, 3 should be pages 3, 3 should be pages 3, 3 should be pages 3, 3 should be pages 3, 3 should be pages 3, 3 should be pages 3, 3 should be pages 3, 3 should be pages 3, 3 should be pages 3, 3 should be pages 3, 3 should be pages 3, 3 should be pages 3, 3 should be pages 3, 3 should be pages 3, 3 should be pag

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	REGISTRAR	CERTIFICATE OF DEATH REG. NO.										
7)	1. DECEDENT'S NAME (First, Middle, Last) JOHN EDGAR	WAREHAM				2. DATE OF DEMONTH	ATH DAY	YEAR 3. TIME OF DEATH				
•	71-01375	M 2 🗆 F 96	YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day, 1	bar)	8. BIRTHPLACE (State or Foreign Country) PENNSYLVANIA				
FUNERAL DIRECTOR	9a. FACILITY NAME (If not institution, give street and UNIVERSITY NURSING RESIDENCE OF DECEDENT				SPRING		9c. COUNTY OF DEATH MONTGOMERY					
<u> </u>	10s. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?				
ā	MARYLAND MONTG	OMERY		WHE	ATON			1 YES 2 NO				
₹ I	10a. STREET AND NUMBER			10	of. ZIP CODE		10g. CIT	IZEN OF WHAT COUNTRY?				
Ä	12103 BUSHEY DRIVE				20902		US					
B¥	1 Never Married 2 Married	AS DECEDENT EVER IN U.S. A ORCES? 1 ☐ YES 2 X YES, GIVE WAR OR DATES		If yes, s	CENDENT OF HISPAN pecify Cuban, Maxicar S 2 NO Specify	n, Puarto Rican, a		14. RACE — American Indian, Black, White, atc. Specify: WHITE				
	15. DECEDENT'S EDUCATION (Specify only highest grade comple		ECEDENT'S US	SUAL OCCUPAT	ION ost of working	18b. KIND	OF BUSINESS/IN					
	Elementary/Secondary (0-12) Colle	ege (1-4 or 5+)	Give kind of wor te. Do NOT use i									
COMPLETED	9 17. FATHER'S NAME (First, Middle, Last)		NEMAN	WESTE	RN UNION							
	JOHN WAREHAM				18. MOTHER'S NAT	HENDER	0.00					
BE	19a. INFORMANT'S NAME (Type/Print)	1	9b. MAILING AI	DDRESS (Street	and Number or Rural R			ip Code)				
5	JOAN DROWN (DAUG	HTER)	12103 1	BUSHEY	DRIVE W	HEATON.	MARYLA	ND 20902				
	2087 METHOD OF DISPOSITION 1 Burlai 2 Cremation 3 Removal fro	20b. PLAC	E OF DISPOSIT	ION (Name of co	metery, crematory or			- City or Town, State				
	4 Donation 5 Other (Specify)	TIOG.	A CEME	TERY .			OWEGO,	NEW YORK				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Binly		FRANC 500 UI	IND ADDRESS OF FAC CIS J. CO NIVERSITY	LLINS F	UNERAL W.SIL.S	HOME, INC.				
	23. PART I. Enter the diseases, or compil	cations the caused the	leath. Do not					rreat, Approximate				
	shock, or heart fallure. List of IMMEDIATE CAUSE (Finel disease or condition resulting in death)	_		Page	monia	Ken	s i s	Intarval Between Onset and Death				
N	b.	Aspiration DUE TO (OR AS A COMS Pen, le / A bo, DUE TO (OR AS A COMS hromiz DUE TO (OR AS A COMS	EQUENCE OF):	el C	ellulit	13		6 days				
CATIC	Sequentielly list conditions, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	hromiz (equence of):	ry Tr	net I	nfect	en	3 months				
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	EQUENCE OF):	1								
	PART II. Other algnificent conditions con-	tributing to deeth but not	resulting in	the underlyli	ng cause given in	Part I. 24a. V	WAS AN AUTOPSY					
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MEC	Decubitus Ulc	ers	7			_		1 TES 2 NO				
ä	Artinial Fibril	lation										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:		26. F	PLACE OF DEATH (Che	ock only one)						
1YS		Inpatient 2 ER/Outpatient 28s. DATE OF INJURY	3 DOA 4	Nursing Ho	ma 5 🗆 Realdence		**	novinera.				
	1 Natural 5 Pending	(Month, Day, Year)	INJUE	RY W	JURY AT ORK? YES 2 NO	28d. DESCHIBE	HOW INJURY O	CCURED				
B	2 Accident Investigation 3 Suicide Could not be	28a. PLACE OF INJURY — At I	home, farm, atre			28f. LOCATION	Street and Number	er or Rural Route Number,				
COMPLETED	4 Homicide 8 Could not be determined	building, atc. (Specify)				City or Town	, State)					
PLE	29a, CERTIFIER (Check only	To the best of my knowledge,	death occurred	at the time, dat	e and place, and due	to the cause(s) a	nd manner as at	sted.				
MO	ann)	the basis of exemination and/o	r investigation,	in my opinion,	death occured at the	time, data and pl	ace, and due to t	the cause(a) and manner as stated.				
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	^			29c. LICENSE NUN	BER	29d. DA	TE SIGNED (Month, Day, Year)				
TO B	Millip A. Henry	un, mi)			D350)45	10	0-5-90				
Ē	30. NAME AND ADDRESS OF PERSON WHO COM 13975 Connect	PLETED CAUSE OF DEATH (IT	EM 27) (Type, P	o 8	Silve	er Sprit	my Mi	0 20906				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE		A constitution		4						

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2000 after death. Page 6 may be retained by the hospital or attendi	TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the completely filled in by the funeral director, page 5 should be detached for use as the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the c	be ned within 72 hours arec deam with he state uppl, or healit and well an hybere prior to buries, defined, or letter 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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90 28919 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First Middle Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH VEAD FORREST LURALYN WHITE PM OCTOBER 1990 5.22 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign HOURS DAYS MIN. 1 🗌 M 2 🖵 F YRS 326-14-6585 .17,1905 MAR TLLINOIS 9a. FACILITY NAME (If not institution, give street and number) 96 CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH HOLY CROSS HOSPITAL SILVER SPRING MONTGOMERY RECTO RESIDENCE OF DECED 10c. CITY, TOWN OR LOCATION 10a. STATE ᅙ MARYLAND MONTGOMERY 1 YES 2 NO SPRING SILVER FUNERAL 10a. STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? 5310 BEAVER BROOK COURT 20902 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES 1 TYES 2 NO Specify: Specify: BY 31 Widowed 4 Divorced WHITE E 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. OECEDENT'S EOUCATION t6b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) 8 HOMEMAKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ELMER WOOTSON RASH BE NAOMT CRANE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 MOORE (SON) KERR ROAD LAUREL MARYLAND. 20725 20a. METHOD OF DISPOSITION 20c. LOCATION — City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or Burlei 2 Cremation 3 Removal from State
4 Donation 6 Other (Specify) ARLINGTON NATIONAL CEMETERY ARLINGTON, VIRGINIA 21. SIGNATURE OF TUNERAL SERVICA LICENSEE 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD. W. STL. SPR MD 20901 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, **Approximate** shock, or haart fallure. List only one cause on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition MYOCARDIAL INFARCTION reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate . Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED¹ RENAL INSUFFICIENCY COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? CVA 1983 1 YES 2 NO CIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
14 Inpatient 2 ER/Outpatient 3 DOA OTHER: 1 TES 2 NO PHYSI me 5 - Reeldence 8 - Other (Specify) 27. MANNER OF DEATH 28e, DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 Homicide Щ

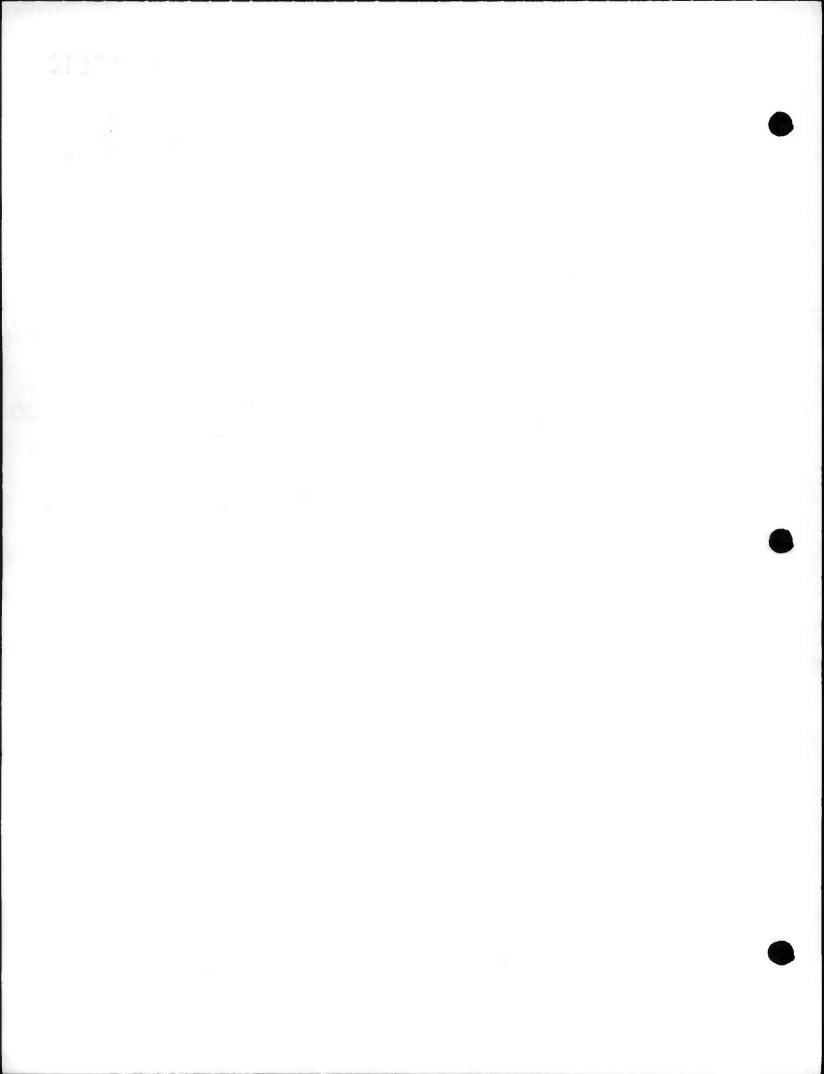
all 10, 8 90 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) GOOZH, 2309 SHOREFIELD ROAD. M.D. WHEATON. MARYLAND 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Julie Davidson Randelle

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, end due to the cause(e) end manner ee stated.

op in my opinion, death occured at the time, date end place, end due to the cause(a) end manner as stated.

29c. LICENSE NUMBER

29d. DATE SIGNED (Mogth, Day, Year)



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	.\	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. las	at birthday) #	UNDER 1 YE	AR IF UN	IDER 24 HRS.	7. DATE C	F BIRTH		70 -	LACE (State or I	Foreign
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rial-tr	FUNERAL	11. MARITAL STATUS 1 Never Merried 2	Married		T EVER IN U.S. AR				NT OF HISPAN			or No-	14. RACE - Bleck,	- American Inc White, atc.	dian,
the funeral director, page 5 should be detached for use as the burlat-transit permit, year. Nai. Examiner must be notified at once.) BY	3 XXWidowed 4 ☐ Divo	erced	IF YES, GIVE V			<u> </u>		NO Specifi				Specify	WHITE	
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	l l	2 Accident 3 Suicide	Investigation	28e. PLACE	OF INJURY — At h	ome, farm, stre	et, factory,			281. LOC	ATION (Street	and Number	or Rural Ro	oute Number,	
CTOR: after	밀	4 Homicide	Could not be determined	building	, etc. (Specify)					City	or Town, State)			
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	MICORANI. II 1991 66 18 HIGHEST, UT 1891 62 STORY STREET, OF COURT COUNTY, AND THE COURT OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COURTS OF COUR
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fter death. Page 6 may be retained by the hospital	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2000 after death. Page 6 may be retained by the hospital

		FOR STATE REGISTRAR		STATE OF M	MARYLA					EALTH AND N	MENTA	L HYGIENI REG. NO.	E	90	28921
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EBAL		100. STREET AND NUMBER 74 E. Antiet	am St	reet						21740			USA		HAT COUNTRY?
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TO B		190. INFORMANT'S NAME (Type Bettie D. Ro		,						nd Number or Rural F					
must be		20a. METHOD OF DISPOSITIO	3 🗆 Remo	oval from State		other plu	ece)			netery, crematory or		100000		City or Toy	
examiner		A Donestion 5 Other (Specify) Rose Hill Cemetery Hagerstown, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740													
event, the medical		23. PART I. Enter the diseases, pr complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, ahock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEDUENCE OF):													
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hows any Inju		PART II. Other significan		e contributing to				n the und	ierlying	g cause given in	Part i.	24s. WAS AN PERFOR 1 YES 2	RMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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28 is		3 Suicide 8 C	Could not be	28e. PLACE (building	OF INJURY .	At ho	me, farm, s	treet, factor	ry, offic	•		CATION (Street & or Town, State)	and Numbe	or Rumil R	oute Number,
If Item		contain only		CIAN: To the best of											end menner ee stated.
PORT		296. SIGNATURE AND TITLE	OF CERTIFIES	in tost	T ~	20		29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ye (0, (5, 7)							
2		30. NAME AND ADDRESS OF							~	MAKEA	25-	ow~,	mo)] [7 4 .
	1	31. DATE FILED (Month, Day, N		32. REGISTR	AR'S SIGNA	TURE	الله الما							······	

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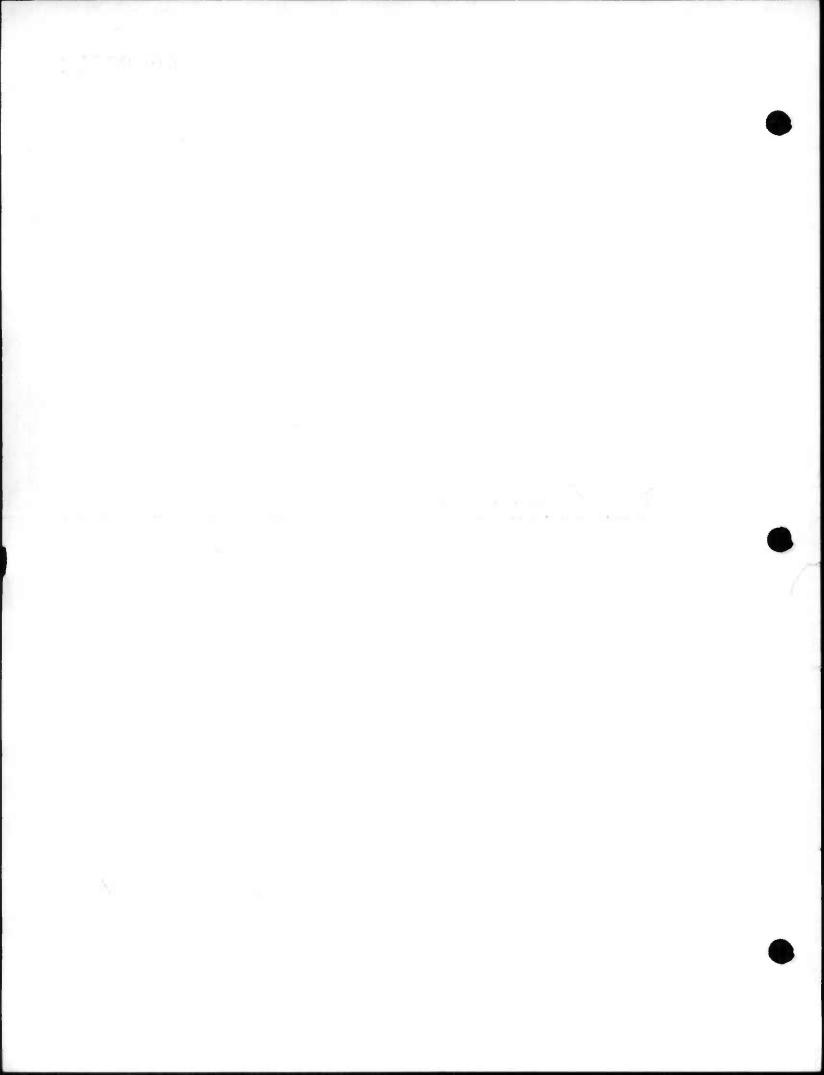
BALTIMORE, MARYLAND 21203-3146

Pipes 1, 2, 3 should

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x—sous after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnishman be filed within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE REGISTRAR	STATE OF MARYI	LAND / DEPAI CERTIF				MEN	ITAL HYGIENE REG. NO.				
į	1. DECEDENT'S NAME (First, Middle, Last) LUCILLE VIRGINIA	WELCH					. N	DATE OF DEATH DAY	, 19	YEAR	3. TIME OF DEATH 12:25 P M	
			(In yrs. last birthday)	IF UNDER 1	YEAR IF U	NOER 24 HRS.	7. 0	ATE OF BIRTH		8. BIRTHP	LACE (State or Foreign	
	235326545	1 - M 2 X F	55 YRS.	MONTHS	DAYS HOU	IRS MIN.		Month, Day, Year) 5 - 25		Country)	YLAND	
	9a. FACILITY NAME (If not institution, give street			9b. CITY, T	OWN OR LO	CATION OF E	EATH		9c. COUN	TY OF DE		
DIRECTOR	SACRED HEART HOSP	ITAL		CUMB	ERLAN	D, MA	RYI	AND	A	LLEGA	ANY	
ည် မြ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c. Cl	TY, TOWN OR	LOCATION						10d. INSIDE CITY		
8	WEST VA MINE	RAL	j	T. A	ѕнву						LIMITS?	
	10e. STREET AND NUMBER				10f. ZIP	CODE			10g. CITIZ		HAT COUNTRY?	
ER.	BAKER HOLLOW RC	DAD			26.	719			us	SA		
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BY	1 Never Married 2 X Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR				NO Spec		and mean, are.)		Specify		
	15. DECEDENT'S EDUCA	TION	16a. DECEDENT'S	LIBITAL OCC	HOLTION			16b. KIND OF BUS	NECC (IND	HOTEN		
COMPLETED	(Specify only highest grade co	ompleted)	(Give kind of	work done du	ring most of v	vorking		100. KIND OF BOS	INESS/IND	USINT		
2	Elamentary/Secondary (0-12)	Collaga (1-4 or 5+)	HOME	MAKER				HOME				
S	17. FATHER'S NAME (First, Middle, Last)				18.	MOTHER'S N	AME (F	First, Middle, Malden	Surname)			
	GEORGE EDGAR DO	UTHITT				THELN	IA	HART			_ 1	
BE	19a. INFORMANT'S NAME (Type/Print)		a landa de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la					Number, City or Town				
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	20a, METHOD OF DISPOSITION 1 M Buriel 2 Cremation 3 Remov	al from State	other place)	SITION (Name	e of cemetery	crematory or			CATION —			
	4 Donation 5 Other (Specify)		FT. ASI					FI	. A.	shby	, WV	
	21, SIGNATURE OF FUNERAL SERVICE LICE	NSEE		22. N/	AME AND AD	DRESS OF F	FIIN	Y NERAL HO	MF.	TNC		
	Hondy II.	achur	A)					FT.ASHI				
	23. PART I. Enter the diseases, or co shock, or heart failure. Li	Mplications that cause	ed the death. Do	not enter ti	he mode o	f dylng, su	ch aa	cardiac or respin	ratory arm	est,	Approximate	
	IMMEDIATE CAUSE (Final		1		,						Interval Between Onset and Death	
	disease or condition resulting in deeth)	1504	1emie	(a	vdt.	o my	OP	rathy			Zyear	
	Street, each	OUE TO (OR AS	A CONSEQUENCE	OF):								
8	Sequentially list conditions, b.	DUE TO (OR AC	A COMPENSION A	-								
ĚΙ	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING											
CERTIFICATION	CAUSE (Disease or Injury that initiated avents	CDUE TO (OR AS A CONSEQUENCE OF):									1	
E	resulting in death) LAST											
											1	
MEDICAL	PART II. Other algnificant conditions							J. 24a. WAS AN			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
8	3 4 4	structing	Pulm	onavy	100	dasp		1 - YES 2	₽-NO		OF DEATH?	
Z	Depression							.			1 - YES 2 - NO	
PHYSICIAN:	** WAS CASE REFERENCE TO MESSAGE											
ᅙ		HOSPITAL:		OTHER:		OF OEATH (C						
¥∣	1 YES 2 NO.	28a. OATE OF INJURY			ng Home 6		_	Other (Specify) 5. OESCRIBE HOW II	LIURY OCC	CUREO		
	1 Netural 5 Pending	(Month, Day, Year)		IJURY M	WORK?		"					
BY	2 Accident Investigation 3 Suicide 8 Could not be	26e. PLACE OF INJUI	RY — At home, farm	street, factor			261	. LOCATION (Street a	nd Number	or Rural Ro	oute Number,	
틷	4 Homicide determined	building, atc. (Sp	pecify)					City or Town, State)				
COMPLETED	29a. CERTIFIER	AN: To the best of my kno	wiedge, death occu	red at the tin	ne, data and	place, and de	ua to ti	he cause(a) and man	ner as stat	ed.		
Š	(Check only one) 2 MEDICAL EXAMINER										and menner as stated.	
	20b. SIGNATURE XND FITLE OF CERTIFIER.	, /	/	/	290	LICENSE N	UMBER	3	29d, DAT	E SIGNED	(Month, Day, Year)	
BE	1 homes 4	tran (9	1-11			MA.	35	735	•	101	8/90	
2	30. MAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	EATHY (EM 29) (19)			/ 1	-/	1	/	1	1	
	Thomas Fran	Chappell	MD		Set	on D	··	(um	ber	1aux	(m1)	
	31. DATE FILED (Month, Day Your)	AZ REMUTHANTANIE	PALIFE.		E 0			1 50				
	00110 1930 Jan											



BALTIMORE, MARYLAND 21203-3146

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in by the	remation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be not
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physicial	le prior	er trau
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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending	filed with	PORTAI
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - STATE REGISTRAR	CERTIFI	CATE O	FDEATH	RE	G. NO.						
	1. DECEDENT'S NAME (First, Middle, Last) GLORIA E. WEIL	MAN			2. DATE OF D	EATH DAY	YEAR 90	3. TIME OF DEATH	A			
ļ	4. SOCIAL SECURITY NUMBER 214-20-6325 1 M 2 A. AG	(In yrs. last birthday) 65 YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BI (Month, Day, 6-20)= 25	Mar	yland	əlgri			
TOR	90. FACILITY NAME (If not institution, give street and number) 90. COUNTY OF DEATH 90. COUNTY OF DEATH 90. COUNTY OF DEATH 90. COUNTY OF DEATH 90. COUNTY OF DEATH 100. STATE 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY 100. COUNTY											
DIRECTOR	And Anne Arundel Annapolis, and											
FUNERAL	7/1 MOUNTALBAN	DRIVE		101. ZIP CODE 2140	1	10g. Ci1		S.A.				
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YES, GIVE WAR OF	S 2 (NO	If yes,	ECENDENT OF HISPAN specify Cuben, Mexica ES X X NO Specifi	n, Puerto Rican,		14. RACE Black Spec	American India k, White, atc.	n.			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) 1 2 +	Iffe. Do NOT use	ork done during	most of working	16b. KIND	of Business/in		e Co.				
BE COM	17. FATHER'S NAME (First, Middle, Last) William S. Godwin			16. MOTHER'S NA		Melden Surneme)	Kel	ler				
10 8	190. INFORMANT'S NAME (Type/Print) Karl W. Weidman	196. MAILING 711	Moun	t end Number or Rural tAlban I	Route Number, Cr Prive	Annap	olis	, MD	2140			
	1 Burlel 2VIXCremation 3 Removal from State 4 Donetion 5 Other (Specify)	other Metro	Crem	atory			imor	e, Mar				
	21. SIGNATURE OF PUMERAL SERVICE LICENSEE	ssonce	22. NAME Se	rranco 8 verna Pa	Cusons irk, M	F.H. arylan	495 d	Ritchio 21146	∋ Hv			
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CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inlitieted events resulting in deeth) LAST OUE TO (OR AS A CONSEQUENCE OF): CHOUNG DIS GAS G DUE TO (OR AS A CONSEQUENCE OF): CHOUNG ALCOHOUS M											
MEDICAL	PART II. Other aignificant conditions contributing to deat	h but not reaulting i	n the underly	ing cause given in		WAS AN AUTOPSY PERFORMED? YES 2 NO	241	AMILABLE PRIOR COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF C	TO CAUSE			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 \(\text{NO} \) NO 1 Inpetient 2 ERVC	Outpetient 3 🗆 DOA	OTHER:	PLACE OF DEATH (C)					_			
BY PHYS	27. MANNER OF DEATH 1 Netural 5 Pending (Month, Day, Yes) 2 Accident Investigation	RY 28b, TIME	E OF 28c.	ome 5 Residence INJURY AT WORK? YES 2 NO	T	E HOW INJURY O	CCURED					
		JRY — At home, farm, a Specify)	- At home, farm, street, factory, office			28f. LOCATION (Street and Number or Rural Route Nu City or Town, State)						
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my king one) 2 MEDICAL EXAMINER: On the best of exemin							e) end <i>manner</i> ee s	tated.			
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	1		29c. LICENSE NU	757	29d. D/	TE SIGNE	(Month, Day, Year)	,			
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF CHAMLES A. S. GAC	CA MI	Print) 10	8 ASK	on70,	n nd.	5V	PU 71	146			
	31. DATE FILED (Month, Doy, Your) 1990 37 REGISTAR'S S	Son-Pondese										

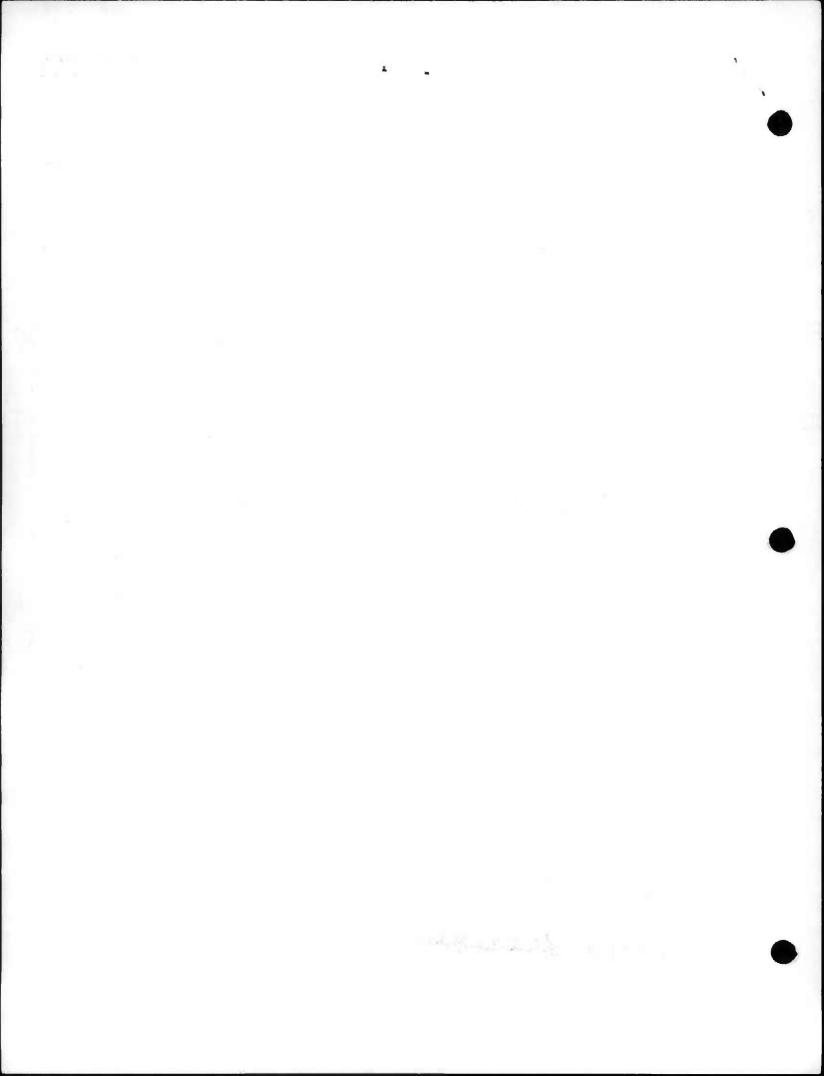
notified at Pe must examiner the medical event, traumatic or other in lury, shows any 23 Hem L DR ATTENDING PHYSICIAN: The L DIRECTOR: After this certificate to hours after death with the State if item 28 is marked, or item

FUNERAL Within 72 h =

TO THE HOSPITA
TO THE FUNERA
De filed within 73
IMPORTANT: I

HOSPITAL

CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH DAY YEAR RUPERT LAKIN 8 AM WARREN Oct 1990 6:30 4. SOCIAL SECURITY NUMBER 5. **SEX** 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 05-08-35 MONTHS DAYS HOURS 1 X M 2 - F 522-44-3817 55 YRS. Emerson, Iowa 9e. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR West River Anne Arundel 4906 Sudley Road RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNT 10d. INSIDE CITY LIMITS? MD Anne Arundel West River 1 TYES X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 16g, CITIZEN OF WNAT COUNTRY? 20778 4906 Sudley Road USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Year or No-14. RACE — American Indian, Black, Whita, atc. If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 X Married IF YES, GIVE WAR OR DATES 1 TYES 2 NO Specify: Specify: White BY 3 Widowed 4 Divorced ETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Salvage & Diving Elementary/Secondery (0-12) College (1-4 or 5+) COMPL 12 Supervisor Dept. of the Navy 17. FATNER'S NAME (First, Middle, Last, 18, MOTNER'S NAME (First, Middle, Maiden Surname) Lynn Warren Dorothea Lakin 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Virginia Gail Warren 4906 Sudley Road, West River, MD 20778 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, Stata Donation 5 Other (Specify) Metro Crematory Baltimore, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Hardesty Funeral Home P.A. 905 Gales ville Rd, Galesville, 23. PART I. Enter the diseases/or complicatione that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory screet, Approximats shock, or heart failure. List only one cause on each line interval Between Onset end Death IMMEDIATE CAUSE (Finei disease or condition .Adenocarcinoma of the Lung, Metastasized to Pleura, 4 months resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): Liver and Bone 0 Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, leading to immediate cause. Enter UNDERLYING CERTIFICAT CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in desth) LAST PART II. Other significent conditions contributing to death but not reculting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 1 TYES 2 THE NO OF DEATH? 1 ☐ YES 2 X NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATN (Check only one) OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 Nursing Nome 8 A Rasidenca 8 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF OEATN 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, OESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, ferm, atreet, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be 6 4 Nomicide COMPLET 29a. CERTIFIER (Check only Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurad at the time, date and place, and due to the cause(a) and menner se stated. 29b. SIGNATURE AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUTER AND TITLE OF COMPUT 29c, LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 10.0ct 90 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Malcolm Grow USAF Medical Center COL, USAF, TAKUO SONODA. MC Andrews AFB MD 20331-5300 31. DATE FILED (Month, Day, Year) 12. REGISTRAR'S SIGNATURE 12



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THE HOSPITAL I THE FUNERAL C filed within 72 h

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29b. SIGNATURE AND TITLE OF CERTIFIER

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31. DATE FARDYMORTH, Pay, 1990

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	PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or atter	r this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as h with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
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28925 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR WARNER 10 0 4 SOCIAL SECURITY NUM 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR 75 DAYS 1 M 2 KF 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR STMINSTE 10d. INSIDE CITY LIMITS? 10e. STATE 10c. CITY, TOWN OR LOCATION FREDER THUEMONT 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? NOOR 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf ves. specify Cuben, Mexicen, Puerto Rican, stc.) 11. MARITAL STATUS RACE — American Indian, Black, White, atc. yes, specify Cube 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working SHO) KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION (Specify only high (Give kind of work done during mo life. Do NOT use retired.) ndary (0-12) College (1-4 or 5+) FACTOR MANUFACTURED 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First 0 Ħ BE notified 194. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, 2 NDORFI AMIDEE 0 THU 99 METHOD OF DISPOSITION 20c. LOCATION — City or To 20b. PLACE OF DISPOSITION (Name of co must MARY 1 Donation 5 Other (Specify) E 12 22. NAME AND ADDRESS OF FACILITY examiner 21. SIGNATURE OF FUNERAL SERVICE LICEN 44 1 FUL 73 medical 23. PART I. Enter the diseases, or complications that cousad the deeth on ont enter the mode of dying, such se cerdisc or respiratory errest, Approximete shock, or heart failure. Liet only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final the disease or condition ACUTE MYOCKRDIAZ 140012 resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): PRTERIOSCIEROTIC DUE TO (OR AS A CONSEQUENCE OF): CARDIOVASCULAR PISEASE other traumatic CERTIFICATION Sequentially liet conditions, if any, leeding to immediate cause. Enter UNDERLYING C MORTIC YEARS CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): recuiting in death) LAST 6 23 shows any Injury, PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PHYSICIAN: MEDICAL 24e. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO FRACTURE COMPLETION OF CAUSE 1 TYES 2 THO OF DEATH? 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) Item HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA OTHER: 1 TYES 2 NO ng Home 5 - Reeldence 8 - Other (Specify) 4 - Nursi 9 28c. INJURY AT WORK?
1 YES 2 NO 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28d. DEŞCRIBE HOW INJURY OCCURED marked, 1 Netural 5 Pending ΒY 2 Accident
3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 26a. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) ETED 8 Could not be 4 Homicide determined 28 Hem COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. TO THE HOSPITAL
TO THE FUNERAL (
be filed within 72 h
IMPORTANT: If II 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) end manner ee stated.

29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 90 201663

HNCHER

MS WESTWINSTER

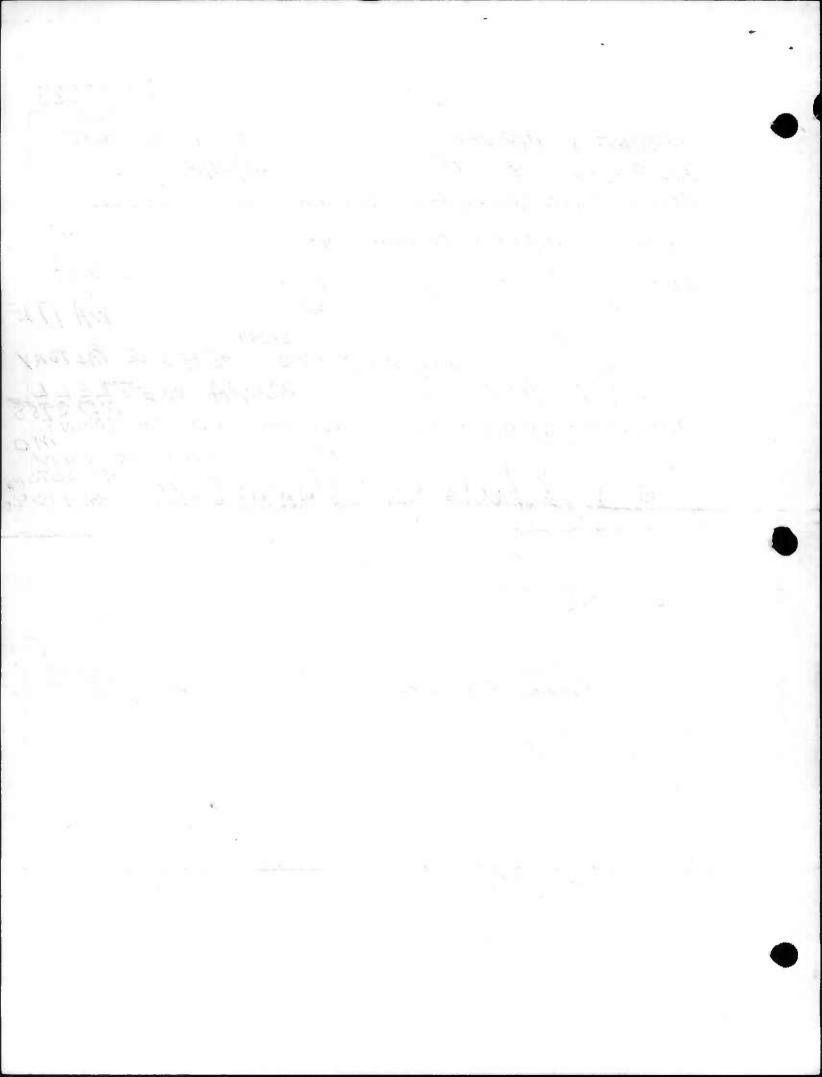
32 JEGISTRABIS SIGNATURE Junia Day doon Findable

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

10400

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DHMH-18 Rev 1/89



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an indus after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE Davidson Pandale

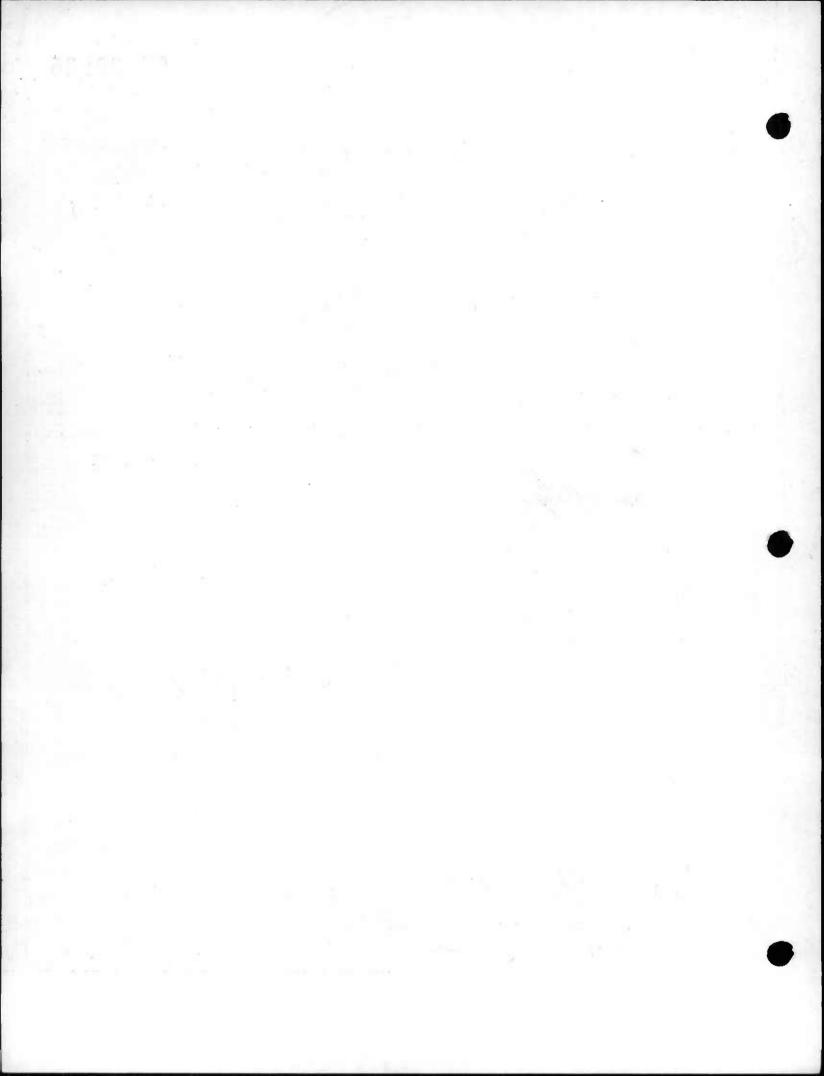
Vimala A. Ranjithan,

31. DATE FILED (Month, Day, Year)
0CT 1 5 1990

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	1 - STATE REGISTRAR	STATE OF MARYLA		ICATE OF		MENTAL HYGIEN REG. NO.	_		
	t. OECEDENT'S NAME (First, Middle, Las	0				2. DATE OF DEATH MONTH DA		3. TI	ME OF OEATH
	Catherine	М.	W	lard		10 11		90	12:35pм
	4. SOCIAL SECURITY NUMBER 219-03-9005		n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACI Country)	E (State or Foreign
		-	YAS.			11/15/09		Maryl	.and
ne l	9a. FACILITY NAME (If not institution, give		me		OR LOCATION OF DI	EATH	9c. COUNTY		
5	llegany County Furnace Street RESIDENCE OF DECEDENT	Ext		Cuml	perland		All	Legar	iy
DIRECTOR	MD All	ny Legany	100	ry, town on Local dland	TION				INSIDE CITY LIMITS? YES 2 NO
AL	10e. STREET AND NUMBER			10	H. ZIP CODE		10g. CITIZEN		
E	Big Lane				21542	2	An	nerio	:a
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Widowed 4 Olivorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 2 NO	If yes, s		NIC ORIGIN? (Specify Yee in, Puerto Ricen, etc.) y:	or No— 14.	Black, White Specify:	
	15, OECEDENT'S EI	DUCATION	16a, OECEDENT'S	USUAL OCCUPAT	ON	16b. KIND OF BU	SINESS/INDIES	Whi	.te
	(Specify only highest gra	College (1900:54)	(Give kind of life. Do NOT u	work done during m	ost of working				
AP.	St. Joseph's	Midland	Fact	ory Wo	rker	Celar	ıese		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden			
BE	Lawrence Dur	nn				erine Mc\			
2	19a. INFORMANT'S NAME (Type/Print) Kathryn Howe]	1.1	19b. MAILING		and Number or Rural x 336FF	Route Number, City or Tow Cumber]			
					metery, cremetory or		CATION — City		tate
	20e. METHOD OF DISPOSITION 1 [Burlel 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	emoval from State	other place)		0.7	Tall or	ncheste		
	21. SIGNATURE OF FUNERAL SERVICE	LICENS	Omps Ci	enatory	ND ADDRESS OF FA	CILITY			
	1 Je Sill	46		1		McKenzie F		L Home	3
	23. PART/I. Enter the diseasee, o	r complications that caused	the death. Do					t,	Approximate
	ahock, or heart failur	e. Liet only one ceuse on ea	ich line.						Interval Between Onset and Death
	disease or condition resulting in death)	. Septic	emil	4					
		DUE TO (OR AS A	CONSEQUENCE C	PF):					
NO	Sequentially list conditions,	b. DUE TO (OR AS A	toc (avan	Jula				
AT	If any, leading to immediate cause. Enter UNDERLYING	Pinc Gildo	CONSECUENCE	Clarge.	nic (concini	way	İ	
띮	CAUSE (Disease or Injury that initiated events	C. DUE TO (OR AS A	CONSEQUENCE C	A				-	
CERTIFICATION	reaulting in deeth) LAST	d		V					
-	PART II. Other algnificant conditi	one contributing to death be	ut not reaulting	In the underlying	ng ceuse given in	Part I, 24s. WAS AN	AUTOPSY	24b, WER	E AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	Corona	my auter	ul a	treas		PERFO	RMED?	COM	ABLE PRIOR TO PLETION OF CAUSE
0			1				No.		YES 2 NO
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CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (C)	neck only one)			
YSE	1 TYES 2 X NO	1 - Inpetient 2 - ER/Outp	atlent 3 DOA	OTHER: 4 Nursing Ho	me 5 🗆 Residence	8 Other (Specify)			
	27. MANNER OF CEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. Til	JURY W	JURY AT ORK?	28d. DEŞCRIBE HOW	NJURY OCCUP	RED	
BY	2 Accident Investigatio	28a. PLACE OF INJURY	— At home, farm.		YES 2 NO	281 LOCATION /Street	and Number or	Purel Pouts i	Number
8	4 Homicide determined	building, etc. (Spec	lfy)	, , , , , , , , , , , , , , , , , , , ,		281. LOCATION (Street City or Town, State)	1	rarer ricoto i	varrison,
COMPLET	29e. CERTIFIER 1 CERTIFYING PH	YSICIAN: To the best of my know	edge, death necur	red at the time det	e end place, and du	to the causale) and me	Oner se stated		
AN C	cont.	INER: On the beele of examination							manner as stated.
	296, SIGNATURE AND TITLE OF CERTIF	ER/			29c. LICENSE NU	MBER	29d. DATE 9	IGNED (Mon	th, Day, Year)
) BE	V.A. Kanyl	Than M.	D .		0197	50	10.	-11-9	D
2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DE	ATH /ITEM 270 /3/0	a Drint)			, ,		

M.D., Memorial Hospital Medical Building, Cumberland, MD 21502

OHMH-18 Rev t/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 medius after death. Page 6 may be retained by the hospital or attending physician or THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bundaring be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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29a. CERTIFIER (Check only one) 29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 30b. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) Frank J. Peretti, M.D.— Assistant 26c. INJURY — At home, farm, street, factory, office building, atc. (Specify) 26c. LOCATION (Street and Number or Rural Route Number, City or Town, State) 26c. LOCATION (Street and Number or Rural Route Number, City or Town, State) 26c. LOCATION (Street and Number or Rural Route Number, City or Town, State) 27b. State) 28c. LOCATION (Street and Number or Rural Route Number, City or Town, State) 27c. Location (Street and Number or Rural Route Number, City or Town, State) 27c. Location (Street and Number or Rural Route Number, City or Town, State) 27c. Location (Street and Number or Rural Route Number, City or Town, State) 27c. Location (Street and Number or Rural Route Number, City or Town, State) 27c. Location (Street and Number or Rural Route Number, City or Town, State) 27c. Location (Street and Number or Rural Route Number, City or Town, State) 27c. Location (Street and Number or Rural Route Number, City or Town, State) 27c. Location (Street and Number or Rural Route Number, City or Town, State) 27c. Location (Street and Number or Rural Route Number, City or Town, State) 27c. Location (Street and Number or Rural Route Number, City or Town, State) 27c. Location (Street and Number or Rural Route Number, City or Town, State) 27c. Location (Street and Number or Rural Route Number, City or Town, State) 27c. Location (Street and Number or Rural Route Number, City or Town, State) 27c. Location (Street and Number or Rural Route Number, City or Town, State) 27c. Location (Street and Number or Rural Route Number, City or Town, State) 27c. Location (Street and Number, City or Town, State) 27c. Location (Street and Number, City or Town, State) 27c. Location (Street and Number, City or Town, State) 27c. Location (Street and Number, City	PH	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WORK	K?	28d. DE:				
4 XXHomicide detarmined unknown unknown 29a. CERTIFIER (Check only one) 2 XMEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GRATH (ITEM 27) (Type, Print) Frank J. Peretti, M.D.— Assistant 111 Penn St. Balto, MD SS 31. DATE FILED (Month, Day, Year)		2 Devictor	26s. PLACE OF INJURY At home, far				26f. LOC	ATION (Street	and Number of		ite Number,
296. DATE SIGNATURE AND THILE OF CENTIFIER 296. DATE SIGNATURE AND ITTLE OF CENTIFIER 296. DATE SIGNATURE AND DATE SIGNAD (Month, Day, Year) 9/27/90 296. DATE SIGNATURE AND DATE SIGNAD (Month, Day, Year) 9/27/90 11. Penn St. Balto, MD SS 31. DATE FILED (Month, Day, Year) 1. 32. REGISTRAR'S SIGNATURE AND 1. 32. REGISTRAR'S SIGNATURE AND 1. 32. REGISTRAR'S SIGNATURE AND 1. 33. DATE FILED (Month, Day, Year)	TED	o oodio not be	building, atc. (Specify)								
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P 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Frank J. Peretti, M.D Assistant 111 Penn St. Balto, MD SS 31. DATE FILED (Mogrit, Day, Year) 1, 32. REGISTRAR'S SIGNATURE AND		29b. SIGNATURE AND TITLE OF CERTIFIER			:	29c. LICENSE NUM	IBER		29d. DATE	SIGNED (A	forth, Day, Year)
Frank J. Peretti, M.D Assistant 111 Penn St. Balto, MD ss		Would & W	light MD for			OCM	Ε		> 9	/27/	90
31. DATE FILED (Month, Day, Year) 0 32. REGISTRAR'S SIGNATURE 0/2	ĭ				1	11 Penn	St.		Balto	, MD	SS
HILLIEF SELE STANDSON WOOT TE			22. REGISTRAR'S SIGNATURE								

may be retained by the hospital or attending physician.	tor, page 5 should be detached for use as the bunial-tran	ust be notified at once.
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a second of after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSP	the FUNE be filed within	IMPORTANT

	1 - FOR STATE REGISTRAR	E OF MARYLAN		MENT OF H		MENTAL HYGIEN	_	
,	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH		3. TIME OF DEATH
****	John H. Williams					MONTH 10	1 90	6 06 30 A
	4. SOCIAL SECURITY NUMBER 5. SEX		rs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6.	BIRTHPLACE (State or Foreign Country)
FUNERAL DIRECTOR	202-18-7040 1 X M 9e. FACILITY NAME (if not institution, give street and n		7 YRS.			Mar 24,19		ennsylvania
B	Golden Oaks Nursi	,			R LOCATION OF DE	EATH	9c. COUNTY	
D'	RESIDENCE OF DECEDENT	ng Center		Laure			Prince	e Georges
E	10a. STATE 10b. COUNTY		-	TOWN OR LOCAT	ON			10d. INSIDE CITY LIMITS?
	Maryland Prince Ge	orges	Fore	stville				1 TYES 2 X XNO
RA	3709 Donnell Dr. # 3	02		107	ZIP CODE	. 7		OF WHAT COUNTRY?
2		DECEDENT EVER IN U.	S. ARMED	13. WAS DEC	207	4 / IIC ORIGIN? (Specify Ye	U.S	. RACE — American Indian,
E	1 Never Merried 2 Merried FOR	CES? 1. YES 2	NO S	If yes, spe		n, Puerto Rican, etc.)		Black, White, etc. Specify:
ВУ	3 Wildowed 4 Divorced 19	43 - 1945			- PP			white
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16	(Give kind of w	ISUAL OCCUPATION or done during most retired.)	N it of working	16b. KIND OF BU	SINESS/INDUS	TRY
	Elementery/Secondery (0-12) College	(1-4 or 5+)	Brick Ma			M+ ₹	Jannan	Masonary
<u>N</u>	17. FATHER'S NAME (First, Middle, Last)	- 11	TICK MA	15011	16. MOTHER'S NA	ME (First, Middle, Maider		Masonary
	John T. Williams				Pauli	ne Hipple	, , , , , , , , , , , , , , , , , , , ,	
) BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADORESS (Street e		Route Number, City or Tov	vn, State, Zip Co	de)
2	Adele T. Williams		3709 I	Onnell	Dr. #302	Forestvil	lle, Md	. 20746
	20e. METHOD OF DISPOSITION 1 XBurlel 2 Cremation 3 Removal from	State of	her place)		netery, crematory or		·	or Town, State
	4 Donation 5 Other (Specify)	Ma Ma	ryland		s Cemete		eltenha	
	TOWNERS SERVICE LICENSIE	4	Ē		D ADDRESS OF FA		4308	Suitland Rd.
	Daya A	Jule	ack					land, MD. 2074
	23. PART i. Enter the diseases, or complica shock, or heert failure. List only	tions that caused the	e death. Do no iline.	ot enter the mo	de of dying, suc	h as cerdled or resp	piratory srreet	t, Approximate interval Between
	IMMEDIATE CAUSE (Fine)	STO	DVE					Onset and Daeth
	resulting in deeth)	DUE TO (OR AS A CO	NICEONE OF	· · · · · · · · · · · · · · · · · · ·				
_		DOE TO (ON AS A CO	NISCOULINGE OF	•				i
<u>ē</u>	Sequentielly list conditions, if eny, jeeding to immediate	OUE TO (OR AS A CO	INSEQUENCE OF):				
3	cause. Enter UNDERLYING CAUSE (Disease or Injury							
E	that initiated events resulting in death) LAST	DUE TO (OR AS A CO	INSEQUENCE OF):				
CERTIFICATION	d							
AL	PART II. Other significent conditions contril	buting to desth but	not resulting in	the underlying	cause given in		N AUTOPSY	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
						1 [] YES	2 10	COMPLETION OF CAUSE DF DEATH?
ME								1 TYES 2 NO
ä								
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			OTHER:	ACE OF DEATH (Ch	A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA		
HYS		atlent 2 ER/Outpetic	20b. TIME			6 Other (Specify) 28d. OESCRIBE HOW	INJURY OCCUP	RED
	1 Netural 5 Pending	(Month, Day, Year)	JEMI	M 1 1	RK?			
D BY	Z Dictionin	. PLACE OF INJURY — building, etc. (Specify)	At home, larm, si	treet, factory, offic		281. LOCATION (Street City or Town, State	end Number or	Rural Route Number,
E	4 Homicide determined	Canada and Coposity				City of Town, State	"	
COMPLETED	29e. CERTIFIER (Check only	the best of my knowled	ge, death occurre	d at the lime, date	end place, end due	lo lhe cause(e) end me	enner as stated.	
S S	one) 2 MEDICAL EXAMINER: On the	basis of examination as	nd/or investigation	n, in my opinion, d	eath occured at the	time, date end place, a	nd due to the c	cause(e) and manner ee stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	1410			29c. LICENSE NUI	MBER	29d. DATE S	IGNED (Month, Day, Year)
TO B	Meka W My	WW			11249	46	10	-1- 90
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED IZY A - G	MPTDN	MD 8	317 C	hemila	ine Laur	el MD	20707
	31. DATE FILED (Mont) Day 18790 32.	ANGISTRANO SIGNATU	Mandale					

DIVISION OF VITAL RECORDS, F.O. BOX 13149, TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2—ours after death. Page 6 may be intained by the intention physician and completely filled in by the funeral director, page 5 should be detached for use as the burni-transit permit. Page 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.		,		٦
THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2—cours after death. Page 6 may be intrinsed by see hospital or attending physician. THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be certached for use as the buring-base. Pages 1 is marked, or face Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. PORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.		•	1.3 3 mil	1
THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremati PORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the completely are the properties of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the co	BALLIMORE, MARYLAND 21203-3146	c. Jours after death. Page 6 may he retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, on, or removal.	he medical examiner must be notified at once.
FFEA	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	HE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within a	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely ed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burlal, crematived within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burlal, cremative	ORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the

	1 - STATE REGISTRAR		CERTIF	ICATE O	F DEATH	REG. NO).	
	1. DECEDENT'S NAME (First, Middle, Last)					2. OATE OF OEATH	AY YE	3. TIME OF DEATH
'n		TEODORA		ALLANDE		10000	25 199	
	216-27-3360	1 - M 2 - XX 28	E (In yrs. last birthday) YRS.	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year) 10-21-		BIRTHPLACE (State or Foreign Country) Phillipines
TOR.	99. FACILITY NAME (If not institution, give stre Malcolm Grow Hospi				Springs	HTABO	9c. COUNTY Prince	of DEATH Ce George
DIRECT	RESIDENCE OF DECEDENT 106. STATE Maryland Anne	Arunde1		y, town on Lo				10d, INSIDE CITY LIMITS? V V 1 VES 2 1 NO
FUNERAL DIRECTOR	10e. STREET AND NUMBER 7223 A Hall Street				101. ZIP CODE 20755			OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEOENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 7NO	If yes		ANIC ORIGIN? (Specify Yecan, Puerto Rican, etc.) iffy:		RACE — Americen Indien, Bleck, White, atc. SpecPhillipinno
TED	15. OECEDENT'S EDUCA (Specify only highest grade of	ompleted)	16a. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUP work done during se retired.)	ATION most of working	16b. KIND OF BU	ISINESS/INDUST	RY
MPLE	Elementary/Secondary (0-12)	College (1-4 or 5 4)	Homem			Hor	ne	
BE COMPLETED	17. FATHER'S NAME (First, Middle, Lest) Carlos Costanilla				Unkı	NAME (First, Middle, Meider		
10	190. INFORMANT'S NAME (Type/Print) William V. Walland	er	7223	A Hall	Street	Ft. Meade,	rin, State, Zip Coo	7 55
	20x METHDD OF DISPOSITION 1 1 Suriel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	val from State	crownsvil	Te MD V	cemetery, cremetory of eterans	Cemetery	Crowns	or Town, State Ville, MD
U	21. SIGNATURE OF FUNERAL SERVICE LICE	NOSEE	. (Sandy S	FACILITY FleckFu pring Rd I		Home, Inc.
	23. PART I. Enter the diseases, or consider the second shock, or heart fallure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	lat only ona cause on Renal Fai	each lina.		mode of dylng, au	ich aa cardiac or rea	piratory arreat	, Approximate Interval Between Onset and Death
DICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Metastati	S A CONSEQUENCE O	Cancer				
MEDICAL C	PART II. Other aignificant conditions	contributing to death	but not resulting	In the under	ying cause given i		N AUTOPSY PRMED? 2 NO	24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Ä								, A
Sic.	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	hutnetient 3 □ DOA	OTHER:	PLACE OF OEATH			
PHYSICIAN:	27. MANNER OF OEATH 1 📆 Natural 5 🗌 Pending	28a. DATE OF INJUR (Month, Day, Yea	Y 26b. TII	ME OF 28c	INJURY AT WORK?	e 6 Uther (Specify) 28d. DE\$CRIBE HOW	INJURY OCCUR	EO
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S	JRY — At home, ferm, Specify)	street, factory,	offica	28f. LOCATION (Stree City or Town, State		Rural Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DIMEDICAL EXAMINER							euse(s) and manner se stated.
TO BE C	296. BIOMATURE AND TITLE OF CERTIFIER 20. NAME AND ADDRESS OF PERSON WHO	APT, USA	F.MC	a Print	29c. LICENSE N		▶ 25	Sep 90
	WILLIAM J. VA		, , , , , ,	E		row USAF Mo FB MD 2031		
	31. DATE FILED (Month, Day, Year)		Son-Randall	•		and the Val.	3.700	

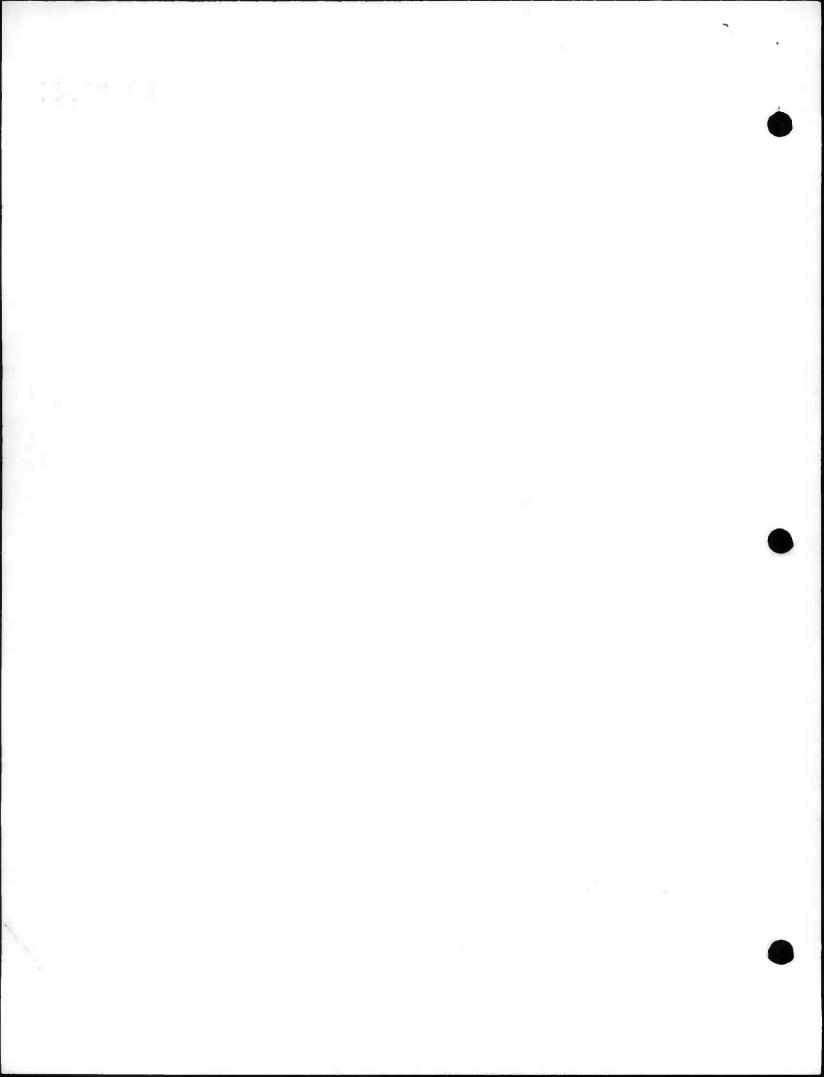
FOR STATE 1 -

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		- OL	IN II IN	CATE	1 DEA	111	REG. NO.			
į	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH DA	Y	YEAR	3. TIME OF DEATH
		BB				_		09 30	19	990	3:45 P M
	010 16 0000	5. SEX 1	6. AGE (In yrs. last	- "	IF UNDER 1 YEA		R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 07 22	1923	Country	PLACE (State or Foreign) NSYLVANIA
	Se. FACILITY NAME (If not institution, give street	21.	07		9b. CITY. TOV	VN OR LOCAT	ION OF OF			NTY OF DE	
FUNERAL DIRECTOR	G.B.M.C., 6701 N		ES STREE	- 1		TOWSO			B/	LTIM	ORE
5											
#	100. STATE 10b. COUNTY	0 1		10c. CITY,	TOWN OR LO	CATION					10d. INSIDE CITY LIMITS?
	MARYLAND 100. STREET AND NUMBER	Cecil				CONOWI					1 TES 2 NO
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교		FORCES? 1	T EVER IN U.S. ARI	0	If yes		en, Mexica	n, Puerto Ricen, etc.)	01110	Black	— Americen Indien, , White, atc.
B	3 Wildowed 4 Divorced	11 120, GIVE V	AN ON DAILS		''	123 44 110	Оресп	,.		Ореси	" White
9	15. DECEDENT'S EDUCAT (Specify only highest grade co		16e. DE0	CEDENT'S U	SUAL OCCUP	PATION most of work	ina	16b. KINO OF BUS	SINESS/INI	DUSTRY	
		College (1-4 or 5	Se Se	1 f-Em	nlove	d		Midway			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	One Year	r Ow	ner/O	berát	or Res		ant Conc		o, M	aryland
	Elroy Ashton	Steele				16. MO	HEH S NA	Irene Ra		LJT	
BE	19e, INFORMANT'S NAME (Type/Print)	becere		MAILING A	ADDRESS (Str	eet and Numb	or or Rural i	Route Number, City or Tow			
2	Marilyn J. Webb							th East, M	aryl.	and	21901
	20a. METHOD OF OISPOSITION 1 X Buriel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	al from State	other pla	ce)	tion (Name o nem Cer	i cemetery, cre neterv	metory or			city or To	
	21. SIGNATURE OF FUNERAL SERVICE LICES	NSEE	2		22. NAM	E AND ADOR		CILITY			
	The same of	Mor	A STA	~				rson & Son Marvland			Home
	23. PART i. Enter the diseases, or conshock, or heart fallure. Lie	mplicationa the	t caused the de	ath. Do no	ot enter the	mode of d	ylng, suc	h sa cardlec or respi	iratory ar	rest,	Approximate interval Between
	IMMEDIATE CAUSE (Final	at only one car	ase on each line								Onset and Death
	disease or condition resulting in death) a.		AC ARRES								
	an an	DUE TO	(OR AS A CONSEC	DUENCE OF	je						
ON	Sequentially list conditions, b.		RATORY A								
E	if any, leading to immediate cause. Enter UNDERLYING		VE BRAIN								!
F	CAUSE (Disesse or injury that initiated events		(OR AS A CONSEC								
CERTIFICATION	resulting in deeth) LAST										
LC	PART ii. Other significent conditions		death but not r	esuiting in	the under	lying csuse	given in	Part i. 24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
EDICAL	Habele Melle	lus						PERFOR	~		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	Myper lenan										1 YES 2 NO
Σ ::	- 1				_		-				
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HØSPITAL:			OTHER:	6. PLACE OF	DEATH (C	neck only one)			
PHYSICIAN:	1 TYES 2 DONO	Inpatient 2	ER/Outpatient 3	□ DOA	4 D Nursing		Realdence	6 Other (Specify)			
	27. MANNER OF OEATH 1 Netural 5 Pending	(Month, I		28b. TIME INJU	JRY	WORK?		28d. OEŞCRIBE HOW	INJURY O	CCURED	
BY	2 Accident Investigation	28e PLACE	OF INJURY — A1 ho	me farm et		YES 2	□ NO	28f. LOCATION (Street	and Numbi	er or Rural I	Poute Number
	3 Suicide 6 Could not be 4 Homicide determined	building	, atc. (Specify)	110, 101111, 01		Onio		City or Town, State,		37 07 7107077	:
	290. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the best o	f my knowledge, de	ath occurre	d at the time.	date and ple	e end du	to the cause(e) end ma	nner ee st	nted.	
COMPLETED	(Check only one) 2 MEDICAL EXAMINER:	700 800 8									a) and menner as stated.
D I	296. SIGNATURE AND TITLE OF CERTIFIED	- 1	2 1	10		29c.	CENSE, NU	MBER 7	29d. DA	TE SIGNED	(Month Caf, Year)
0	I was a way	in u	mus "	V-		D	343	123		10-	1-70
2	30. NAME AND ADDRESS OF TERSON WHO	COMPLETED OF	OF DEATH (ITE	MONTH ON THE	OW	V	W)	2113	, 1		
	31. DATE FILEO (Month, Day, Year)	32. REGISTO	AR'S SIGNATURE					-(1)			
	0CI 0.5 '90		idson-Rand	400							
	00.00,00	Janus Hill	Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial Commercial								DHMH-16 Rev 1/89

	by the ho	be detacl		at once
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 cours after death. Page 6 may be retained by the ho	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacl		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once
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	be execute	cian and co	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	raumatic
	certificate	iding physic	Hygiene pri	r other to
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attending physician and completely artal Hygiene prior to burial, crematif DIVISION OF VITAL RECORDS, P.O. BOX 13146, the atten has been signed by the Dept. of Health and HOSPITAL OR ATTENDING PHYSICIAN: The law DIRECTOR: After this certificate hours after death with the State

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 9-21-John 7. DATE OF BIRTH 9/ (Month, Day, Year) 09/29/90 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS MONTHS 382-54-6930 39 1XXM 2 □ F New York 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY HYATTSVILLE Maryland Prince George's 1 Dives 2 No 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4306 Jefferson Street 20781 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Mexican, Puerto Ricen, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried 3 Widowed 4 X Divorced White 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp (Give kind of work done life, Do NOT use retired.) ast of working Elementary/Secondary (0-12) College (1-4 or 5+) 2 Years 12th Grade Computer Programmer Self Employed 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Howard Wyatt (unavailable) Shirley 19a, INFORMANT'S NAME 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Leslie K Bradley (Friend) 4306 Jefferson Street, Hyattsville, Maryland 20781 20a. METHOD OF DISPOSITI 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State Cn ashington Donation National Cemetery Suitland, Maryland 21. SIGNATURE OF FE 22. NAME AND ADDRESS OF FACILITY Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Ave. Hyattsville. 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such se cardiac or respiratory strest, Approximate ck, or heart fellure. Liet only one cause on each line. Interval Between IMMEDIATE CAUSE (Final disease or condition Onset end Death 0 resulting in death) OUE TO (OR AS A CONSEQUENCE OF): Sequentially liet conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING ENEM CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MAN ARI E PRIOR TO DISEASE HEUNIC COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | 100 1 YES 2 9 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) HOSPITAL: OTHER 1 TYES 2 NO itient 2 - ER/Outpatient 3 - DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 Homicide determined t 🗌 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(e) and me 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 36860 heha 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

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CERTIFICATION

MEDICAL

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BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-rours after death. Page 6 may be retained by the hospital or attending phys	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burity and state here. of Health and Mental Hodiere order to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	e pe e	Sician In	traun
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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH WINTERS CLARA ELLEN 902 A W ID 6. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 6. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign Feb 17. DAYS 184-26-4120 88 1 M 2 K F YRS 1902 Pennsylvania 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH Hagerstown Washington County Hospital Washington RESIDENCE OF DECEDENT 10e. STATE 10h COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Washington Clear Spring 1 YES 2 K NO 10g. CITIZEN OF WHAT COUNTRY? 10e STREET AND NUMBER 10f. ZIP CODE 21722 12309 Ashton Road U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No 14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married 3 🕅 Widowed 4 🗌 Divorced White 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elamentary/Secondary (0-12) College (1-4 or 5+) Homemaker Own home 3 17. FATHER'S NAME (First, Middle, Last, 18. MOTHER'S NAME (First, Middle, Maiden Surname, Charles Milton Cramer Sadie Ellen Jones 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 12309 Ashton Road, Clear Spring, Md. 21722 Mary E. Wolfe 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State 20a. METHOD OF DISPOSITION

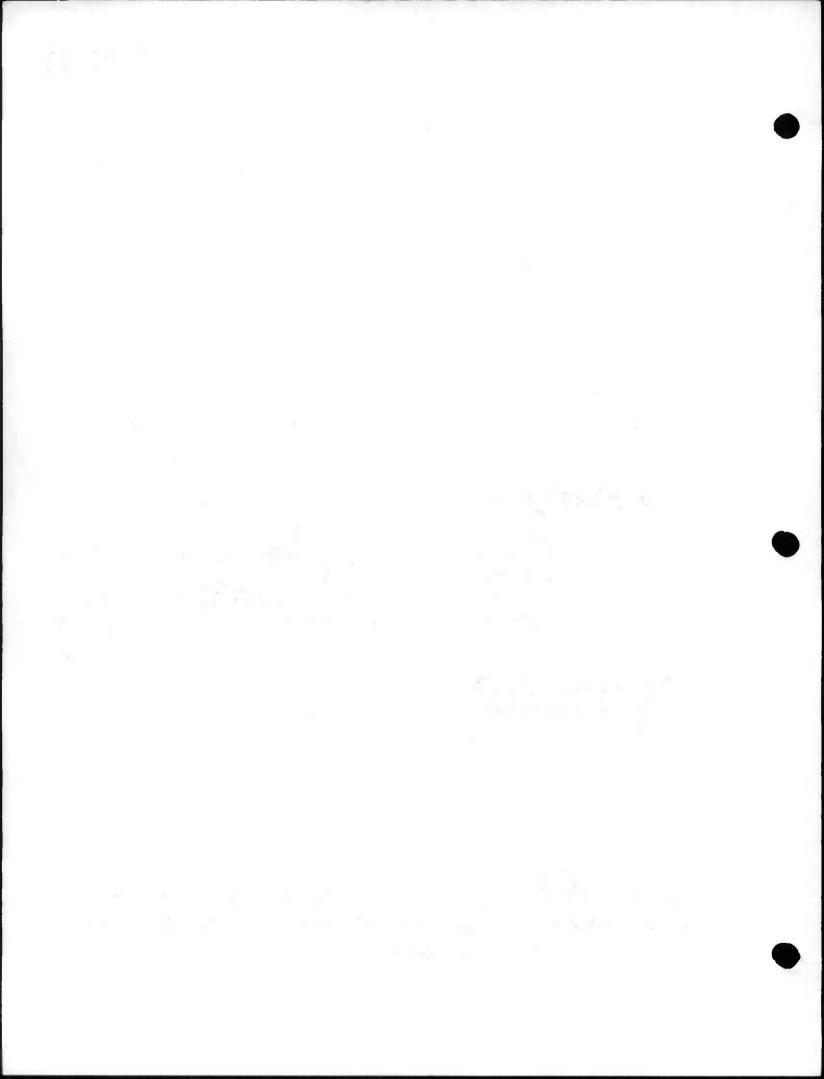
1 [X] Burlel 2 | Cremation 3 | Removal from State

4 | Donation 6 | Other (Specify) ______ Rest Haven Cemetery Hagerstown, Wash., Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Andrew K. Coffman Funeral Home, Inc. 40 E. Antietam St., Hagerstown, Md. 21740 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cerdisc or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **IMMEDIATE CAUSE (Finsi** disesse or condition_ 2 days resulting in death) QUE TO (OR AS A CONSEQUENCE OF) Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disesse or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 24a. WAS AN AUTOPSY PERFORMED? PART II. Other significent conditions contributing to death but not requiting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) EXAMINER? HOSPITAL:
1 Inpetient 2 - ER/Outpetient 3 - DOA OTHER: 1 YES 2 NO ng Home 5 - Residence 8 - Other (Spec/ly) 4 - Nursi 27. MANNER OF DEATH 28e. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DEȘCRIBE HOW INJURY OCCUREO 28b. TIME OF INJURY 1 Natural 5 Pending investiga 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be 4 Homicide determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and menner as ateted. Lamp hell MI ORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, 6 Ko OCT 11 90 32 REGISTRAN'S SIGNATURE.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	James Merri		LHIDE						- 1	2. DATE O		10, 1	YEAR Q Q ()	3. TIME OF DEATH
1	4. SOCIAL SECURITY NUMBER	ER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE O		10, 1		HPLACE (State or Foreign ry)
0	207-01-4135		1 🔀 M 2 🗆 F	71	YRS.					Dec.	23,		Pe	nnsylvania
۳ ا	9a. FACILITY NAME (# not ins Washington (1				or Locati ersto		ATH		Wash	ing t	
	RESIDENCE OF DEC		-		100 CIT	Y, TOWN			/W11				-	10d. INSIDE CITY
DIRECTOR	Maryland		ington			ager								LIMITS?
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BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 🔯 I 3 Wildowed 4 Divor	Married	12. WAS DECEDEN FORCES? 1: IF YES, GIVE W	YES 2			If yes, st	CENDENT (OF HISPAN	IIC ORIGIN? n, Puerto Ri	(Specify Ye can, etc.)		14. RAC	
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TO BE	James L. Wil											wn, State, Zip Md • 2)
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	23. PART I. Enter the disahock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in deeth)	eart failure.	List only one cau		e. 5 /\	ده	the m	ode of dy	ring, such	h aa cardi	ac or real	plratory ar	rest,	Approximate interval Between Onset end Des
CERTIFICATION	Sequentially list condition if any, leading to immed ceuse. Enter UNDERLYII CAUSE (Disease or injust that initiated events resulting in deeth) LAST	diate NG ry	o Due to	OR AS A CONS	QUENCE O	i	~	8	- 67	•		. 0-	en	150
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31. DATE FILED (Month, Day, Year) OCT 11 90



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BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Towns after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit published within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

A DECEDENTIO NAME (F)	Added to 1 and							ULA			3. 140.			
1. DECEDENT'S NAME (First		phine (. W	VARRI	ENFEI	ΤZ				2. DATE OF DEA	r 10	,199	90 ^{EAR}	3. TIME OF DEATH (; 45 A. M
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Maryland		Washingto	on		Fai	rpl	ay							LIMITS?
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Edward Ber	nton M	. Namee						Go	ldie	Showe				
19e. INFORMANT'S NAME (191	b. MAILING	ADDRES	S (Street			Route Number, City	or Town	State 74	n Codel	
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John I	H. Bas	t, Jr.	Lung.	3 B	بإط	В	AST	FUNE	RAL					Md. 21713
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resulting in death)		a. Comes	(DR AS A	CONSE	DUENCE OF	F):	-/-/	BOYG & CA	7	M 30 11C				1
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cause. Enter UNDERLY	ING	•												
CAUSE (Disease or Injuthat Initiated events	ury	DUE TO	(OR AS A	CONSE	DUENCE DI	F):								
resulting in death) LAS	ST T	4												
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2 Accident	Investigation					M		YES 2	_ NO					
	Could not be	28e. PLACE (building	of Injury , atc. (Spec	— At he	ome, farm,	street, fa	ctory, offi	ce		281. LOCATION City or Town		nd Numbe	or Runal	Route Number,
4 Homicide	determined									10.2				
29a. CERTIFIER (Check only	TIFYING PHYS	ICIAN: To the best o	f my know	ledge, de	ath occum	ed at the	time, dat	a and place	, and du	to the cause(a) a	and man	ner as str	sted.	
CONSCR ONLY														e) end manner es stated.
29b. SIGNATURE AND TITU	-1							Y			-			
290. SIGNATURE AND THE	RI	the	MU					D	2 C	579		≥ /	0/10/	9 (Month, Day, Year) 70
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BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physicians.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buria be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	cate be ex	e prior to	er traum
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1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify. 3 📉 Widowed 4 🗌 Divorced WHITE 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) 8TH GRADE HOMEMAKER N/A 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) SAMUEL WILLIAM BRASSE ALLIE WALKER 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) CODY W. WOOD 1805 CRYSTAL DRIVE, APT. 613, ARLINGTON, VA 22202 20s. METNOD OF DISPOSITION
1 M Buriel 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, Stata Donation 5 - Other (Specify) MARYLAND VETERANS CEMETERY CHELTENHAM, MARYLAND 22. NAME AND ADDRESS OF FACILITY THE HUNTT FUNERAL HOME, INC. 21. SIGNATURE OF FUNERAL SERVICE P.O. BOX 156, WALDORF, MARYLAND 20604-0156 23. PART I. Enter the diseases, or complications that the death. Do not entar the mode of dying, such as cardiac or respiratory arrest, Approximate ehock, or heert fallure. List only one ceut Interval Between Onset and Deeth IMMEDIATE CAUSE (Fine) resp farlure Deart farleur disease or condition_ reculting in deeth) QUE TO (OR AS A CONSEQUENCE OF) ongesty Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events reculting in deeth) LAST PART II. Other significent conditione contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO 26. PLACE OF DEATN (Check only one) 25. WAS CASE REFERRED TO MEDICAL HOSPITAL: OTHER:
4 | Nursing Nome 5 | Residence 8 | Other (Specify) 1 TYES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE NOW INJURY OCCURED 1 Netural 5 Pending 1 YES 2 NO 2 Accident 3 Sulcide 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide determined 29e. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and menner sa stated. (Check only one) 2 MEDICAL EXAMINER: On the beele of axam tion and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIONATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. OATE SIGNEO (Month, Day, Year) 10/5790 30. NAME AND ADDRESS OF PERSON WNO COMPLETED COUSE OF DEATN (ITEM 27) (Type, Print) B. Jhervi, Leonartown, Md. M.D. 20650 32. REGISTRAR'S SIGNATURE
Julia Davidson Randelle

FUNERAL DIRECTOR

В

COMPLETED

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injury, or other traumatic PHYSICIAN: MEDICAL CERTIFICATION shows any ន marked, or Item В .00 COMPLETED Item 28

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		physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page 5
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10	ificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.	nial-ti
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BALTIMORE, MARYLAND 21203-3146	Spi	hed
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31. DATE FILED (Month, Day, Year)
SEP 0 4 90

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

	FOR STATE 1 - STATE REGISTRAR	OF MARYLAND / D	EPARTMENT RTIFICATI			D MENTAI	L HYGIEN REG. NO.		0 2	28937
	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH		3. Т	IME OF DEATH
	Catherine W. Woo	d				Sept	. 1.	"1990 "	AR	1:15 AM
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs, last b	irthday) IF UNDE	R 1 YEAR	IF UNDER 24 HR	_	OF BIRTH		BIRTHPLAC	E (State or Foreign
1	578-32-2700 1□M2[A 31	YRS. MONTHS	DAYS	HOURS MIN	Sept	. 19,18	98	Country)	lorado
	9e. FACILITY NAME (If not institution, give street and numb	ber)	9b. CITY	r, TOWN OF	LOCATION OF	DEATH		9c. COUNTY	OF DEATH	
TOR	3576 Gleneagles Drive		Si	lver	Spring	3		Mont	gome	cy
DIRECTOR	Md. Montgo		10c. CITY, TOWN OR LOCATION Silver Spring							INSIDE CITY LIMITS? YES 2 NO
	10e. STREET AND NUMBER	mery	PITAG		ZIP CODE			10g. CITIZEN		
FUNERAL	3576 Gleneagles Drive	2		1	20906			25 h	S.A.	COUNTRY
5		CEDENT EVER IN U.S. ARMI	ED 13.		NDENT OF HIS			or No— 14.	RACE - / Black, Wh	mericen Indian, ite, atc.
BY	1 Never Merried 2 Merried IF YES, 3 Wildowed 4 Divorced			NO Sp		iroani, otolj		Specify: Whit		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECE	DENT'S USUAL O	CCUPATION	N .	16b	KIND OF BUS	SINESS/INDUST		
<u>Li</u>	Elementery/Secondary (0-12) College (1-	Me D	kind of work done o NOT use retired.)	auning most	t or working					
릴	4		omemake	r			At	Home		
8	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S	NAME (First,	Middle, Malden	Surname)		
BE C	Ralph Butler				Gert	trude		Blac.	kadaı	c .
	19e. INFORMANT'S NAME (Type/Print)	19b.	MAILING ADDRES	S (Street an	d Number or Ru	ıral Route Numi	ber, City or Tow	-		
2	Louis L. Wood, Jr.		760 Gai							
1	20e. METHOD OF DISPOSITION 1 □ Burlel 2 1 □ Cremetion 3 □ Removal from St	ate other place					20c. LO	CATION — City	or Town,	State
	4 Donation 5 Other (Specify)	Mt. Co	omfort C	rema	tory		A1e	ex., VA		
	TO SULLATURE OF FUNERAL SERVICE LICENSEE				ph Gaw		Come	Tmo		
	>X Week and D	(uleh						DC 20	016	
\neg	23. PART I. Enter the diseases, or complicatio									Approximata
	shock, or heart feliure. List only or	na ceuse on each line. Cardiac			Λ 20	roct				Interval Between Onset end Death
1	IMMEDIATE CAUSE (Finel disease or condition	Cardi	0.0	0	Ar	103			i	Ongot one Doctor
1	resulting in death) a	DUE TO (OR AS A CONSEOU								
	_		Nar	~	au	trev	rin S	elev	3865	
CERTIFICATION	Sequentially list conditions, b.	DUE TO (OR AS A CONSEQU)						
AT	If any, leading to immediate cause. Enter UNDERLYING	D . D43	NAME OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OWNER OF THE OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER							
윤	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSEQU	ENCE OF):							
E	resulting in death) LAST									
핑	d									
7	PART II. Other algorificant conditions contribut	ing to death but not re-	uiting in tha u	ndarlying	causa given	in Part I.	24a. WAS AN PERFOR	AUTOPSY		RE AUTOPSY FINDINGS
MEDICAL							1 TYES 2		COI	APLETION OF CAUSE DEATH?
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2										,
A	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF OEATH	(Check only or	ne)			
PHYSICIAN:	EXAMINER? HOSPIT. 1 Inputie	AL: int 2 DER/Outpatient 3 D	DOA 4 Nu		5 KRosider	nce 6 🗆 Othe	H (Specify)			
Ŧ	27. MANNER OF OEATH 28e. D	ATE OF INJURY Month, Day, Year)	28b. TIME OF INJURY	26c. INJU WOF	JRY AT	28d. DE	SCRIBE HOW	NJURY OCCUR	ED	
	1 Natural 5 Pending	nortal, Day, real)	M		ES 2 NO					
ВУ	3 Suicide 28e. P	LACE OF INJURY — At hom	e, farm, street, fac	ctory, office		28f. LOC	ATION (Street	end Number or	Rural Route	Number,
E	4 Homicide determined	uliding, atc. (Specify)				City	or Town, State;			
Ш	29e. CERTIFIER	hast of our fraudades days	h assumed at the	Simo det	and place and	due to the co	unada) cod co			
COMPLETE	(Check only one) 1 CERTIFYING PHYSICIAN: To the Description one) 2 MEDICAL EXAMINER: On the be								augela) an	f manner en eleted
8		or exercise to the of the	restigation, in my	ориноп, от			and piece, er			
BE (29b. SIGNATURE AND TITLE OF CERTIFIER) 0.			29c LICENSE	NUMBER	1,	29d. DATE S	GNED (Mo	nth, Day, Year)
2	0.5 (1)	ann	· ~		-0	02,	16		1 -1	60
-	30 NAME AND ADDRESS OF PERSON WHO COMPLETE	ED CALIBE OF DEATH (ITEM	OT (T D-/-A)					-		

Ave 20814 4218 WIS CONSIN 32 REGISTRAR'S SIGNATURE
Julia Davidson Mandale DHMH-18 Rev 1/89

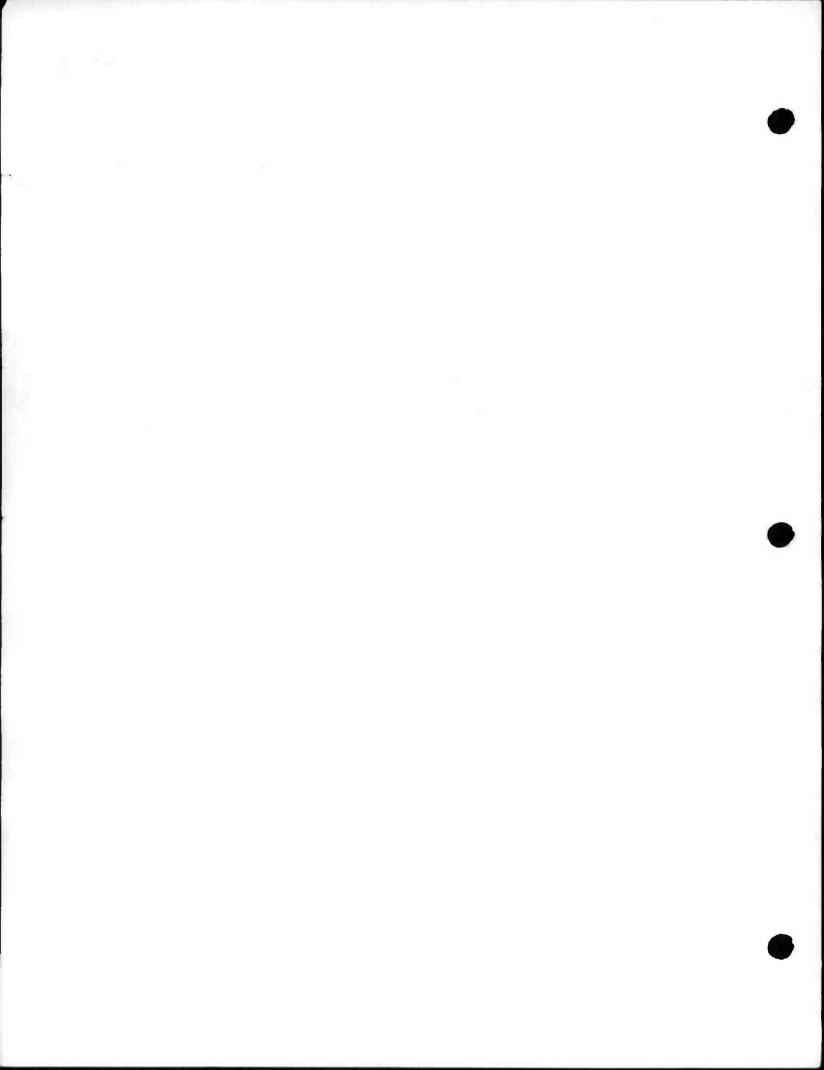
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I THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exec	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and	filed within 72 hours after death with the State Deot, of Health and Mental Hydiene prior to bu
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31. DATE FILED PRIORITY, Day, Year)

		FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND C		TMENT OF			MENTAL	L HYGIENE		00	201	30
-		1. DECEDENT'S NAME (First, Middle, Last)							2. DATE	OF DEATH			3. TIME OF	DEATH
5		George L. You	ing						Sep	t. 27	, 19	950	5:01	Рм
\mathbf{P}		4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. In	st birthday)	IF UNDER 1 YEA	_	NDER 24 HRS.		OF BIRTH		8. BIRTH	PLACE (State	or Foreign
	3	217-32-2747	1 X M 2 🗆 F	54	YRS.	MONTHS DAY	8 HOU	RS MIN.	Sep		193			nđ
hould	Mil.	9a. FACILITY NAME (If not institution, give to			9b. CITY, TOW	N OR LO	CATION OF DE							
2 3 should	8	Montgomery General Hospital Olney Montgo								ntgo	mery			
÷.	5 1	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	v		100 CIT	V TOWN OR LO	CATION						10d. INSIDE	CITY
Page	DIRE	Mond	gomerv		Silver Spring							LIMITS	?	
į		Maryland MOIT	gomery			river	101. ZIP				10s. CIT	1 YES 2 NO		
as the burial-transit permit. Pages 1,	ERAL		2316 Michigan Ave,					20910)		-	U.S.		
Ftrans	FUNE	11. MARITAL STATUS					DECENDE	NT OF HISPAN	IIC ORIGIN	1? (Specify Yea		14. RACE	— American	Indian,
buria		1 Never Married 2 Married		FORCES? 1 TYES 2 100			If yes, specify Cuban, Mexican, 1 ☐ YES 2 🔯 NO Specify:				Mark -		c, White, etc.	
the	ВУ	3 Widowed 4 Divorced					24					BI	äck	
USE as	ED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Give kind of	USUAL OCCUP		vorking	16b.	. KIND OF BUSI	INESS/INI	DUSTRY.		
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detached for once.	COMPL	10th Grade		01	remp.	Loyeu	1 40	MOTUPPIO NA	34F (F)-1 1	NO1				
be der	_	Edward E	. Young	T			10.	Mar		Banks	,			
	BE	19a. INFORMANT'S NAME (Type/Print)	(Mothe		9b. MAILING	ADDRESS (Stre	eet and Nu			ber, City or Town		p Code)	20910	1
5 should notitied	2	Mrs Marie B. Yo		=1)	231	6 Mic	hia	an Av	70	Silver	r Gr			
page		20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 1)X Burlel 2 Cremetton 3 Removal from State 2 of Cremetton 3 Removal from State 2 of Cremetton 3 Removal from State 2 of Cremetton 3 Removal from State 2 of Cremetton 3 Removal from State 2 of Cremetton 3 Removal from State 2 of Cremetton 3 Removal from State 2 of Cremetton 3 Removal from State 2 of Cremetton 3 Removal from State 2 of Cremetton 3 Removal from State 2 of Cremetton 3 Removal from State 2 of Cremetton 3 Removal from State 2 of Cremetton 3 Removal from State 2 of Cremetton 3 Removal from State 2 of Cremetton 3 Removal from State 2 of Cremetton 3 Removal from State 2 of Cremetton 3 Removal from State 2 of Cremetton 3 Removal from State 2 of Cremetton 3 Removal from State 2 of Cremetton 3 Removal from State 2 of Cremetton 3 Removal from State 2 of Cremetton 3 Removal from State 2 of Cremetton 3 Removal from State 2 of Cremetton 3 Removal from State 2 of Cremetton 3 Removal from State 2 of Cremetton 3 Removal from State 2 of Cremetton 3 Removal from State 2 of Cremetton 3 Removal from State 2 of Cremetton 3 Removal from State 2 of Cremetton 3 Removal from State 2 of Cremetton 3 Removal from State 2 of Cremetton 3 Removal from State 2 of Cremetton 3 Removal from State 3 of Cremetton 3 Removal from State 3 of Cremetton 3 Removal from State 3 of Cremetton 3 Removal from State 3 of Cremetton 3 Removal from State 3 of Cremetton 3 Removal from State 3 of Cremetton 3 Removal from State 3 of Cremetton 3 Removal from State 3 of Cremetton 3 Removal from State 3 of Cremetton 3 Removal from State 3 of Cremetton 3 Removal from State 3 of Cremetton 3 Removal from State 3 of Cremetton 3 Removal from State 3 of Cremetton 3 Removal from State 3 of Cremetton 3 Removal from State 3 of Cremetton 3 Removal from State 3 of Cremetton 3 Removal from State 3 of Cremetton 3 Removal from State 3 of Cremetton 3 Removal from State 3 of Cremetton 3 Removal from State 3 of Cremetton 3 Removal from State 3 of Cremetton 3 Removal from State 3 of Cr												
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funeral director, xaminer musi		21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	1						L HOME	E P.	Α.	#2085	50
e funeral di al. examiner		TIME 10	· long	nde	_	246	N.	Washi	ngto	on St	, Ro	ckv	ille	. Md
ed in by the or removal. medical e		23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. Approximate Interval Between									oximete			
led in		IMMEDIATE CAUSE (Finel	ie. 2 T)isord	er							t and Death		
ely fille nation, t, the		diseese or condition resulting in death)	Seizure Disorder Onset at											
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E 4	N	Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF):									-			
ending physician and c I Hygiene prior to buria or other traumatic	RTIFICATION	If eny, leading to immediate cause, Enter UNDERLYING	DUE 10	ON AS A CORS	EODENCE O	r.							į	
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by th and N y inj	SAL	PART II. Other eightream condition	ine continuating it	(Pneum			ying cer	rse diven in	Part i.	PERFOR	MED?	246	AVAILABLE P	PRIOR TO
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been signed by of Health ar shows any	: ME								_				1 TYES	2 NO
has b Dept.	A	25. WAS CASE REFERRED TO MEDICAL				21	6. PLACE	OF DEATH (C)	neck only o	ne)				
State C	SICIAN	EXAMINER?	HOSPITAL:	S ER/Outpatient	3 🗆 DOA	OTHER:		_				_		
certiff h the	PHY	27. MANNER OF DEATH	28a. DATE O	F INJURY	28b. TII	B DOA 4 Nursing Home 5 Residence 8 Other (Specify) 28b. TIME OF 18c. INJURY AT 2ed. OESCRIBE HOW INJURY OCCURED WORK?								
ter this cath with marked	>	1 Natural 5 Pending 2 Accident Investigation	(MORR),	Day, Year)	lin.			2 NO						O Md cimete al Between and Death
r deal	0 8	3 Suicide 8 Could not be	28a. PLACE	OF INJURY — At I	home, farm,	street, factory,	offica			CATION (Street a or Town, State)	ind Numbi	er or Rural	Route Number	
28 afte	ETE	4 Homicide determined												
DIRECT POURS	귑	Crieck orny	SICIAN: To the best of	of my knowledge,	death occur	red at the time,	deta and	place, and du	a to the ca	use(a) and man	iner aa st	ated.		
FUNERAL WITHIN 72 H	СОМ	one) MEDICAL EXAMIN	ER: On the basis of	examination and/o	r investigati	on, in my opinio	on, death	occured at the	time, date	e and place, and	d dua to	the cause(a) and manne	r og stated.
TO THE FUNERA be filed within 7	BE C	29b. SIGNATURE AND TITLE OF CERTIFI	ER O					LICENSE NU	Annual State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State	40) (Month, Day,	Ybar)
N P B	5	ON NAME AND ADDRESS OF STREET) 600°C	HOP OF COURT		2/-0	-	-00	2 2	16 a	-	7	2 1	CO
	1	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CA	USE OF DEATH (IT	EM 27) (Typ	e, Print)	-	0				C. P.	ANC YOU	and,
2		1 1	Gu	- 2 -	born	2	-	526	Le	215	~ (2 2 2 2	1	1 341

32 REGISTRAR'S SIGNATURE
Juna Davidson Fundale



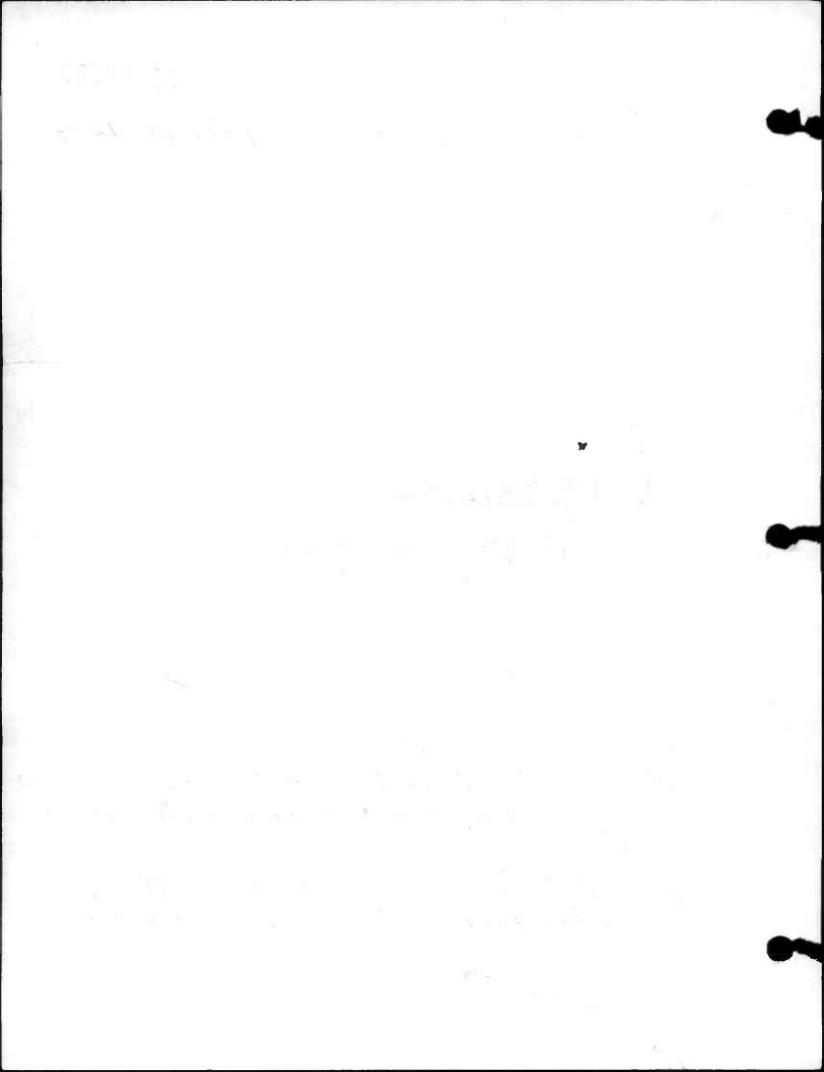
DHMH-16 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

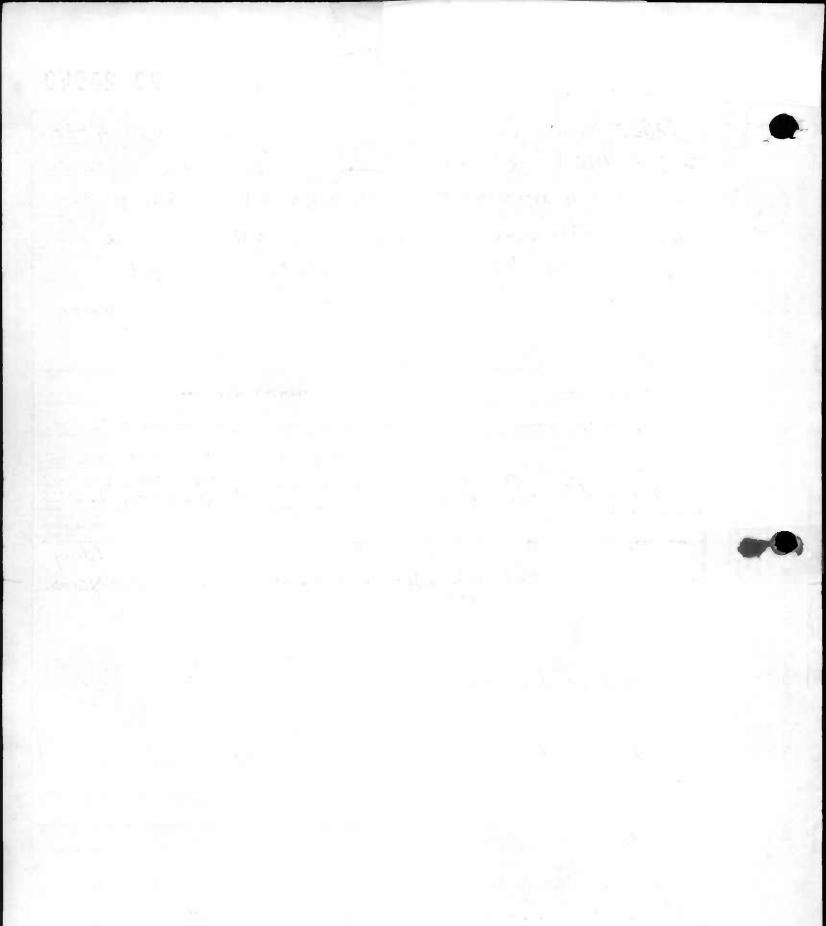
	-2
BALTIMORE, MARYLAND 21203-3146	ars after death. Page 6 may be retained by the hospital or attending physician. filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages on or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the fast death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 4. 2. 3 he field within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It stem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

REGISTRAR		CERTIFI	CATE OF	DEATH		REG. NO.		
1. DECEDENT'S NAME (First. Middle, 'ast)	Sarah Bu	shong Yea	ts		2. DATE OF	DEATH - Z 8-	90 YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 172 38 4663	5. SEX 6. AGE	E (In yrs. lest birthday) 73 vns.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D	BIRTH Day, Year) 21 1917	Cour	HPLACE (State or Foreign try)
Da. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF DE			COUNTY OF	
AMI Doctors Hosp	ital		Lanham			D ₁	rince	Georges
RESIDENCE OF DECEDENT			Damai	•			THEE	Georges
On. STATE 10b. COUNT	Y	10c. CITY,	TOWN OR LOCA	TION				10d. INSIDE CITY LIMITS?
Pennsylvania Mon	tgomery	G1	.adwyne					1 TYES 27 NO
IOe. STREET AND NUMBER			10	. ZIP CODE		10g.	CITIZEN OF	WHAT COUNTRY?
1400 Waverly Roa	.d			19035		Ur	nited	States
11, MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES			ENOENT OF HISPA			- 14. RA	CE - American Indian, ck. White, etc.
Never Married 2 Married Widowed 4 Divorced	IF YES, GIVE WAR OR			NO Specif				White
15. DECEDENT'S EDI (Specify only highest grad		16a. DECEDENT'S L	JSUAL OCCUPATI	ON ost of working	16b. K	IND OF BUSINESS	S/INDUSTRY	
Elamentary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT use	ork done during me retired.)	St Of WORKING				
	4	Schoo1	Teache	r		Unko	wn	
7. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	AME (First, Mid	ldle, Malden Surnai	me)	
Robert Gray Bush	ong			Helen	Bowma	an		
9a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number,	City or Town, Stat	e, Zip Code)	
Elizabeth Pinson		750 C	olumbin	e Street	Denve	er Color	cado	80206
20a. METHOD OF DISPOSITION	2	0b. PLACE OF DISPOS				20c. LOCATIO		
Buriel 2 Cremation 3 Rear	noval from State	Vest Laure	1 Hill	Cremator	V	Bala-0	Cynwyd	Pa.
1. SIGNATURE OF FUNERAL SERVICE L		^	22. NAME A	ND ADDRESS OF FA	CILITY			
KNINT	617	Par		1-Evans				
23. PART I. Enter the diseases, or	· Cours	2, Tres						land 20715
Sequantially list conditions, if eny, lasding to immediate cause. Entar UNDERLYING CAUSE (Disesse or injury that initiated events	b. OUE TO (OR AS	S A CONSEQUENCE OF):					
resulting in death) LAST	d							
PART II. Other significent condition	ons contributing to death	but not resulting in	n the underlyin	o causa olven In	Part I. 2	4e. WAS AN AUTO	PSY 7	Ib. WERE AUTOPSY FINDINGS
						PERFORMEO		AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE BEFERRED TO MEDICAL				LACE OF DEATH (C	heck only one)			
EXAMINER? 1 PYES 2 NO	HOSPITAL: 1 Inputlant 2 ER/O	utpetient 3 00A	OTHER:	ne 5 🗆 Residence	6 Other	Specify)		
27. MANNER OF OEATH	28a. DATE OF INJUR	TY 26b. TIME	OF 28c. IN	JURY AT		RIBE HOW INJUR	Y OCCURED	
1 Neteral 5 Pending 2 Accident Investigation	9-28-	90 100	3×1 1.	YES 2 AND	RLW	Her on	asla	uto-auto ma
2 Accident 3 Suicide 8 Could not be	26a PLACE OF INJUL	JRY — At home, farm, a	treet, pictory, offi	00		ION (Street and M.	or Run	I Route Number,
4 Homicide determined	Inna	polesto	nd asu	brook	dan	Town State)	BV-6	ergon Md
ments.	SICIAN: To the best of my kn							e(a) and menner as stated.
296. SIGNATURE AND TITLE OF CERTIF	Province	ms	-	20c. LICENSE NU	IMBER	29d	DATE SIGN	ED (Month, Day, Year)
THOUSTO P.R.	dy o du a	DEATH (ITEM 27) (Type,	Print)	ghurn	7. C.	o Sow.	mi	2748
OCTO 4 90	REGISTRAR'S SI	GNATURE	,					•



	FOR 1 - STATE REGISTRAR	STATE OF MARY		RTMENT OF I			16	0 28940		
Andrew Ships	1. DECEDENT'S NAME (First, Middle, Last) /	LING	OERTI	FICALE OF	DEATH	2. DATE OF DEATH MONTH		3. TIME OF DEATH VEAR 452 M		
	217 409112 1	□ M 2 F	GE (In yrs. lest birthday 47 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Jan. 31, 19	43	BIRTHPLACE (State or Foreign Country) Pennsylvania		
TOR	9a. FACILITY NAME (If not institution, give atreet UN (VETS (TY 9F) RESIDENCE OF DECEDENT	MARYLAN	D HOSPITA		OR LOCATION OF DEA	M'D	9c. COUNTY OF DEATH Baltimore Ci			
DIMECTOR	MO 106. COUNTY BAY	7more	10c. C	BAL 77 M	-	mp	10d. INSIDE CITY LIMITS? 10E YES 2 \(\square\) NO			
FUNEHAL	100. STREET AND NUMBER 611 S. CHAPLE	es st.		10	2/230	>		N OF WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Merried 3 Married 3 Widowed 4 Divorced	If yes, s	CENDENT OF HISPANI pecify Cuban, Maxican, 3 2 NO Specify:		a or No 14	6. RACE — American Indian, Black, While, etc. Specify: White				
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12) — 12 —	In T	he Hon							
BE CO	17. FATHER'S NAME (First, Middle, Lest) William Warren	18. MOTHER'S NAM	IE (First, Middle, Malden		s Baldwin					
2	190. INFORMANT'S NAME (Typo/Print) Mr. William Wa		- Owines							
	20a METHOD OF DISPOSITION		20b. PLACE OF DISP other piece)	POSITION (Name of ca	Way Road - Owings Mills, Maryland 21117 SITION (Name of commeter), cremetery or 20c. LOCATION - City or Town, State					
	4 Donation 5 Other (Specify)		ial Park		n Burr	nie, Maryland				
	Ham &	Home Reis	terstw	sterstown Road von, Md. 21136						
	23. PART I. Enter the diseases, pr com shock, pr heart fallure. List	plications that cau	sed the death. Do	not anter the me	ode of dying, such	as cardiec or reap	iratory arres	it, Approximate		
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	Aspirat	ion Page	monia				interval Between Onset and Death		
CALION	immediate cause (Finei disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	Aspiration of the End State	S A CONSEQUENCE A CONSEQUENCE	hpte S	derosis					
CERTIFICATION	immediate cause (Finei disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	Aspiration of the End State	son Previous A CONSEQUENCE	hpte S						
: MEDICAL CERTIFICATION	immediate cause (Finei disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR A	A CONSEQUENCE S A CONSEQUENCE S A CONSEQUENCE	OF):	clerosis		A AUTOPSY RMED?			
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200	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other aignificant conditions of SCIZUVE 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 NO	DUE TO (OR A	AS A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE The but not resulting	OF): OF): g in the underlyin 28. F	(Levesis	Part I. 24a, WAS APPERFO	A AUTOPSY RMED?	Onset and Death I day VTAVS 24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
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LED BY PHYSICIAN: MEDICAL CE	IMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of th	DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DU	S A CONSEQUENCE S A CONSEQUENCE S A CONSEQUENCE The but not resulting Dutpetient 3 DOA RY 28b. T	OF): OF): 28. P OTHER: 4 Nursing Hor NJURY M 1	CLACE OF DEATH (Checome 5 - Residence 6 JURY AT DRK? YES 2 - NO	Part I. 24a, WAS AN PERFO 1 YES :	A AUTOPSY RMED? 2 NO INJURY OCCU	Onset and Death day YTaxS 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
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-Randelle



page		44
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COR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page	u, cremati	And the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s
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	FOR 1 - STATE REGISTRAR	STATE OF M	ARYLAN	D / DEPAR CERTIF					MENT	TAL HYGIENI REG. NO.		90	28941
-7	1. DECEOENT'S NAME (First, Middle, Last) John		William Zungri					10 6 9			YEAR 90	3. TIME OF DEATH 9:16 P M	
\	4. SOCIAL SECURITY NUMBER 194-48-6313	1 🔀 M 2 🗌 F	32					MIN.	Oct. 16, 1957 Pe			Penr	nsylvania
CTOR	Shady Grove Hosp						Vill		ATH			nty of DE Iontg	omery
DIREC	10a. STATE 10b. COUNTY	derick	10c. CITY, TOWN OR LOCATION rick Monrovia								10d. INSIDE CITY LIMITS? 1 YES 2 XNO		
ERAL	100. STREET AND NUMBER 11791 Sier Drive	9		•		101	101. ZIP CODE 10g. CITIZEN OF WHAT COUNTY 21770 United State						
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 X Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2	NO X		It yes, spe		n, Maxicai	n, Puar	GIN? (Specify Year no Rican, stc.)	or No—	14. RACE Black Specif	- American Indian, , white, atc. y: White
LETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	16	(Give kind of life. Do NOT u	work done as retired.)	during mo	st of workin	ig		18b. KIND OF BUS			Conv	
COMPL	1.2 17. FATHER'S NAME (First, Middle, Last)			Servi	Ce M	anag		HER'S NA	ME (Fin	Veteran		010	СОБА
il	Samuel W. Zungr	i.								elter			
2	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Samuel W. Zungri 41 Republic Street, Uniontown, Pennsylvania 15401												
	20s. METHOD OF DISPOSITION 1 & Burlal 2 Cremetion 3 Ramoval from Stata 4 Oonstion 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) Sylvan Heights Cemetery Uniontown, Pennsylvania												
	21. SIGNATURE OF FUNERAL SERVICE LIC	cuah		м00198	22. Ro	NAME AND BETH	A ADDRES	ss of FA Pump -Che nsin	ohre Vy Av	y Funer Chase,	al H Inc.	ome/	20814-3501
ERTIFICATION	23. PART I. Enter the diseases, or complicatione that caused tha death. Do not entar tha mode of dying, such as cerdiec or reapiratory arrast, shock, or heart failure. List only one ceues on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or as a consequence of):												
	PART II. Other eignificent condition	a contributing to	deeth but	not recuiting	in the ur	nderlyln	g cauee i	given in	Part i	24s. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	25. WAS CASE REFERREO TO MEDICAL					2e Di	LACE OF D	EATH (C)	not on	M one)			1X YES 2 □ NO
PHYSICIAN:	EXAMINER? 1X YES 2 NO	HOSPITAL: 1 Inpatient 2 5	ER/Outpation	ent 3 🗆 DOA	OTHE	R:				Other (Specify)			
ВУ РНУ	27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	28a. OATE OF (Month, De 10/6	y, Year)		D M	28c. INJ WC	PRK?	NO NO		oescribe How i			impact xed object/
9	3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE Of building,	28a. PLACE OF INJURY — At homa, term, street, factory, office building, atc. (Specify) road							City or Town, State)			Germantown,
1 4	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI	CIAN: To the beat of											i) and manner as stated.
TO BE COM	296. SIGNATURE AND TITLE OF CERTIFIER Donald & W	right					29c. LIC	ENSE NUI			29d, DA		(Month, Day, Year) 8/90
	Donald Wright,	M.D D					1	11 T	Onr	n St.	Dal+		MD 33
	31. DATE FILED (Month, Play Year)	32. REGISTRA	_				1	<u> </u>	CIII	1 06.	Dall	.0.	MD ss

June Davidson Randole

FOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the cours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filled within 72 hours after death with the State Dept. of Health and Mential Hyglene prior to burial, cremation, or removal. IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICA	ATE OF D	EATH	REG	i. NO.				
1. DECEDENT'S NAME (First, Middle, Lest) NARCIE J	ANE ZIN	NDORF			2. DATE OF DEA	TH OW 1	990	TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 216-26-7633	. SEX 6. AGE (III	MON		F UNDER 24 HRS. OURS MIN.	7. DATE OF BIRTY (Month, Day, Y	1923	6. BIRTHPL Country) MARY	ACE (State or Foreign		
9a. FACILITY NAME (If not institution, give atree 1011 KENSINGTO RESIDENCE OF DECEDENT			ANNAPO			9c. COU	NE AR	UNDEL		
10a. STATE 10b. COUNTY			OWN OR LOCATION				10	Od. INSIDE CITY LIMITS? YES 2 NO		
10. STREET AND NUMBER	ARUNDEL	A		21403			IZEN OF WH	AT COUNTRY?		
1011 KENSINGT 11. MARITAL STATUS 1 □ Never Married 2 □ Merried 3 € Widowed 4 □ Divorced	ON WAY 2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECEN If yes, specif 1 YES 2	Ify Yea or No-	U • S • A • No— 14. RACE — American Indian, Black, White, atc. Specify: WHITE					
15. DECEDENT'S EDUCAT (Specify only highest grade co	mpleted)	16a. DECEDENT'S USL (Give kind of work life. Do NOT use re	done during most (of working	16b, KIND (OF BUSINESS/IN				
12 TEACHERS AIDE A.A. CO. PUB										
17. FATHER'S NAME (First, Middle, Lest) JOHN HURLEY		1		ME (First, Middle, A						
19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
DONALD O. ZLNDORF, JR. 12LOCUST AVE. ANNAPOLIS, MD. 2140 20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal from State 4 Donation 6 Other/Specify METROPOLITAN CREMATORY 20b. PLACE OF DISPOSITION (Name of complexy, crematory or other place) METROPOLITAN CREMATORY ALEXANDRIA										
21. BIGHARUME OF BUHARAL SERVICE SCEN	Tayla		22. NAME AND	ADDRESS OF FA	CILITY	APEL.	NNAP	OLIS,MD		
23. PART I. Enter the diseases, or complications that coused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, interval Between Onset and Death disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Approximata Interval Between Onset and Death Car Circum Conset and Death Car Circum Conset and Death Car Circum Conset and Death Car Circum Conset and Death Car Circum Conset and Death Car Circum Conset and Death Car Circum Conset and Death Car Circum Conset and Death Car Circum Conset and Death Car Circum Conset and Death Car Circum Conset and Death Car Circum Conset and Death Car Circum Conset and Death Car Circum Conset and Death Car Circum Car Circum Conset and Death Car Circum Conset and Death Car Circum Conset and Death Car Circum Conset and Death Car Circum Conset and Death Car Circum Conset and Death Car Circum Conset and Death Car Circum Conset and Death Car Circum Conset and Death Car Circum Conset and Death Car Circum Conset and Death Car Circum Conset and Death Car Circum Conset and Death Car Circum Conset and Death Car Circum Conset and Death Car Circum Conset and Death Car Circum Conset and Death Car Circum Conset and Death Car Circum Conset and Death Car Circum Conset and Death Car Circum Conset and Death Car Circum Conset and Death Car Circum Conset and Death Car Circum Conset and Death Car Circum Conset and Death Car Circum Conset and Death Car Circum Conset and Death Car Circum Conset and Death Car Circum Conset and Death Car Circum Conset and Death Car Circum Conset and Death Car Circum Conset and Death Car Circum Conset and Death Car Circum Conset and Death Car Circum Conset and Death Car Circum Conset and Death Car Circum Conset and Death Car Circum Conset and Death Car Circum Conset and Death Car Circum Conset and Death Car Circum Conset and Death Car Circum Conset and Death Car Circum Conset and Death Car Circum Conset and Death Car Circum Conset and Death Car Circum Conset and Death Car Circum Conset and Death Car Circum Conset and Death Ca										
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Disbetes wellitus 244. WE AN AUTOPSY PERFORMED? 1 YES 2 NO 11										
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				CE OF DEATH (C)	neck anly ane)					
	HOSPITAL: Inpetient 2 ER/Outp 26a. DATE OF INJURY (Month, Day, Year)		Y WOR	RY AT	6 Other (Spec 28d. DESCRIBE	HOW INJURY O	CCURED			
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	26s. PLACE OF INJURY building, etc. (Spec	— At home, farm, stre-		S 2 NO	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
(Crieck Orlly	AN: To the best of my know On the basis of exeminatio				THE RESERVE OF			and manner as stated.		
206. SIGNATURE AND TITLE OF CERTIFIER	Kinu			DO	MBER 5928		11	Moreth, Day, Year) or 6, 199		
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pri	1833-A	Forest	Dr. An	napoli	s, Mi	D 21401		
31. DATE FILED (Month, Day, Year) OCT 9 1990	32. REGISTRAR'S SIGN	ATURE				1				

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FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

577 40 7307

RESIDENCE OF DECEDENT

Shirley Mae Reid ALLEN

9e. FACILITY NAME (If not institution, give street end number)

5. SEX

AMI DOCTORS' HOSPITAL OF P.G. COUNTY

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permit.		Maryland 10e. STREET AND NUMBER	Princ	ce George	5	0.51	Jer I		ZIP CODE		10a.	CITIZEN	OF WNAT COU	
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physician. burial-tran	FUN	1 Never Merried 2 Merried	erried	FORCES? 1 Y	ES 2 N	0	If ye	s, spec	olfy Cuben, Mexican				Bleck, White, e	
ing pt the br	βÁ									NO Specify: Specify:				
mending as the	E	15. DECED (Specify only h	DENT'S EDUC	ATION completed)	TON 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life, Do NOT use retired.) (Do NOT use retired.)						b. KIND OF BUSINESS/INDUSTRY			
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9 E	H	Vincent H.		<u>d</u>					Doroth					
s should notified	0	19e. INFORMANT'S NAME (Type	e/Print)		19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, S								·	
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6 may ctor, pa		20s. METNOD OF DISPOSITION		val from State	20b. PLACE other pla	OF DISPOSIT	ION (Neme	of cemi	etery, crematory or				or Town, State	
0 0		4 Donation S Other (S	Specify)		letro	poli			ematory		Alexa	ndr	ia,VA	
death. Page 6 m funeral director, I.		21. SIGNATURE OF FUNERAL	SERVICE/LIC	ENSEE			22. NAI	ME ANI	Pearso	n Fu	neral	Hom	es	
		►/ 1/10 C	III)			1		ngton,		22201	1101111		
		23. PART I/ Enter the disc	easea Dr.C	nmolications that car	ised the de	ath. Dn nn	_					v arreat.	As	
d is by th or remove				lat only one cause o								,	Int	
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within appletely fille cremation.		reaulting in death)	> ,	. USPUR	from	· ·	en.	1100	Troc				/	
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be execute sician and c rior to buria traumatic	Ĕ	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING										i		
ficate be physician to prior to	3	CAUSE (Diseese or Injury		DUE TO (OR	AS A CONSE	DIENCE OF	mar	11/	0000				21	
	CERTIFICATION	that initiated events reaulting in deeth) LAST		010-10	A .	A/ ()	7	0	505					
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E See		PART ii. Other algnifican	t condition	e contributing to dea	th but not a	reauiting in	tha unde	riying	cause given in	Part i. 2	4a. WAS AN AUTO PERFORMED		24b. WERE AL	
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requires that een signed by of Health an											YES 2 T		1 TYE	
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23 Pept	A	25. WAS CASE REFERRED TO	MEDICAL					26. PL	ACE OF DEATH (Che	ak anly one)				
E 88 E	딜	EXAMINER?		HOSPITAL:	(Output out 2		OTHER:				Specific)			
CLAN entificient	PHYSICIAN:	27. MANNER OF DEATH		280. DATE OF INJU		28b. TIME		6c. INJ	S Residence		RIBE HOW INJUR	Y OCCUR	ED	
NG PHYS fter this cath with		1 Natural 5 P	ending	(Month, Day, Y		INJU	RY	WO		7.50 7.71	200			
agth fe	B	2 Accident	rvestigation	26e. PLACE OF IN	IIIDV — At bu	me form ist				281 LOCAT	ION (Street end N	himber or I	Queel Develo Abre	
ATTENDING CTOR: After s after death			could not be etermined	building, etc.	(Specify)	, ioiiii, se	est, lactor,	y, omic	·		Town, State)	anicer or r	and riceto resi	
RECTI PARTIES AND AND AND AND AND AND AND AND AND AND	l ta l													
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SPITZ NERA Nin 7	COMPL	one) 2 MEOIC	CAL EXAMINE	R: On the basis of exami	nation end/or	Investigation	, In my opli	nion, d	eath occured at the	time, date e	nd place, and du	to the ce	ruse(e) end me	
B E E	Ш	29b, SIGNATURE AND TITLE	OF CERTIFIES	0, .					29c. LICENSE NUN	IBER	290	I. DATE SI	GNED (Month,	
TO THE HOSPITAL DR ATTENDII TO THE FUNERAL DIRECTOR: At the within 72 hours after de IMPORTANT: If Item 28 is	BE (Victoria	2 3	Xeiner	M.	0.			0355 8	7 7		10	1121	
	5	30. NAME AND ADDRESS OF				M 27) (Type,						,	1	
6		Victoria Ste	iner.	M. D. 143	300 C	iel/an	+ A	X	Lone- s	v. fr	118 /	on	e. Md.	
1		31. DATE FILED (Month, Day, Y	(bar)	32. REGISTRAR'S	SIGNATURE	-								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DAYS

LANHAM

HOURS

9b. CITY, TOWN OR LOCATION OF DEATN

6. AGE (In yrs. last birthday)

59

2. DATE OF DEATH

OCTOBER 11, 1990

7. DATE OF BIRTH (Month, Day, Year) Sept. 27, 193 Wash.

9c. COUNTY OF DEATN

PRINCE GEORGE'S

10g. CITIZEN OF WNAT COUNTRY?

10:00P

10d. INSIDE CITY LIMITS? 1 YES 2 NO

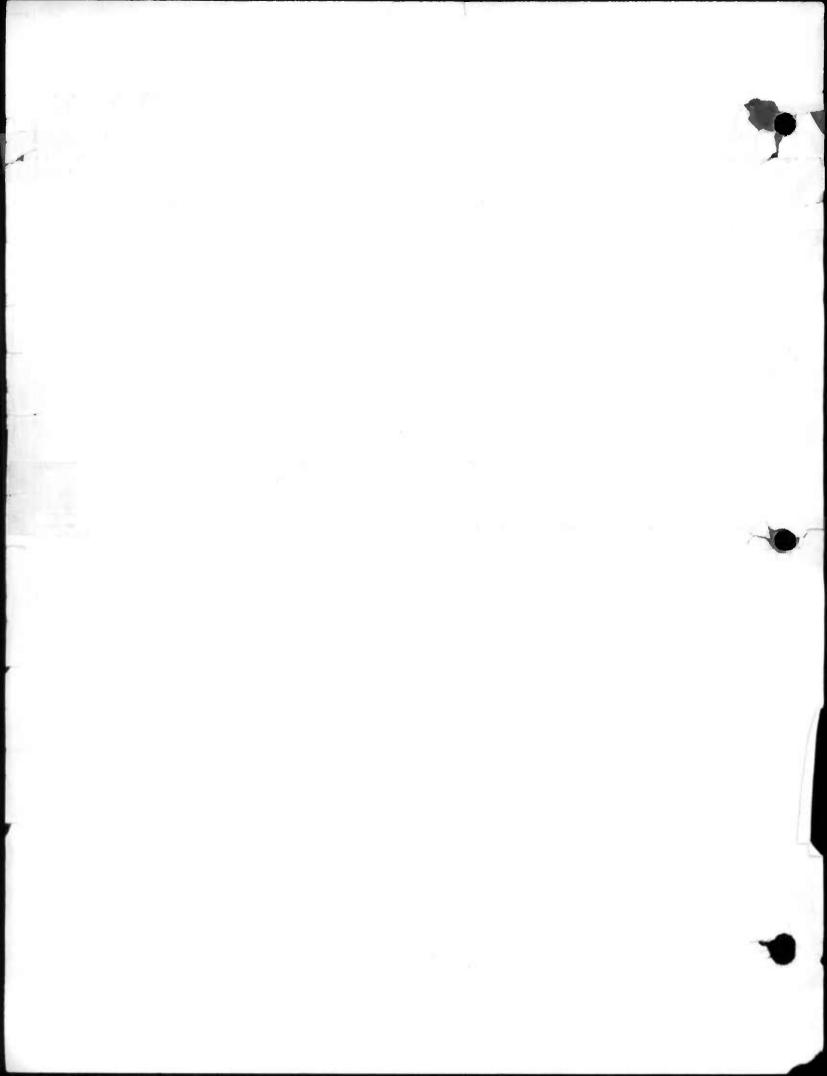
White

22080

14. RACE — American Indien, Bleck, White, etc.

8. BIRTHPLACE (State or Formian

1 Homes Approximata iratory arreat, Interval Between Onset and Death 12 hrs on known (years) 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO INJURY OCCURED end Number or Rural Route Number, nner ee stated. 29d, DATE SIGNED (Month, Day, Year) DHMH-16 Rev 1/89



rending physician.	as the burial-transit permit, Pages 1, 2, 3 should		
the retained increased may be retained increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increased increas	the line in the funeral director, page 5 should by the	MINOR, OF FRIBOVAL.	int, the medical examiner must be notified at once.
IL OR ATTENDING PHYSICIAN; The law requires that the death certifical but	L DIRECTOR: After this certificate has been signed by the attending processing the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of	2 hours after death with the State Dept. of Health and Mental Hygiene prior to Company	I Item 28 Is marked, or Item 23 shows any Injury, or other traumatication

BALTIMORE, MARY

DIVISION OF VITAL RECORDS, P.O. BOX 1306.

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30. NAME AND ADDRESS OF PERSON WHO COMPLET

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ADNAN

31. DATE FILED (Month, Day, Year) 1990

FUNERAL (HOSPITAL

TO THE HOSPITA
TO THE FUNERAL
DE filed within 72
IMPORTANT: II

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH ER 90 12 40 CHARLES 10 D M 6. AGE (In yrs. last birthday, 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 03/90 -10-568 90 1 M 2 🗆 F 00 Sa_FACILITY NAME (If not in 96_CITY, TOWH OR LOCATION OF DEATH 9c. COUNTY OF DEATH BAHmone Pron5 e Cours DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY LIMITS? 1 TYES 27 NO FUNERAL 10e. STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 6505 2199 EPERICK 12. WAS DECEDENT EVER IN U.S. ARMED WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No-il yes, specify Cuben, Mexican, Puerto Rican, etc.)
 T YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 Merrie BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INOUSTRY (Specify only highest grade cor (Give kind of work done life. Do NOT use retired.) dary (0-12) College (1-4 or 5+) 874 NUE NTORY 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First Middle Melden St. 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Str. JEAN 42 EY METHOD OF DISPOSITION 20c. LOCATION - City or Town, State 20b. PLACE OF DISPOSITION (No 3 🗆 R BALTO MD Donation 5 - Other (Specify) 104 21. SIGNATURE OF FUNERAL SERVICE LICENSEI 22. NAME AND ADDRESS OF FACILITY WEBER EDW ARD J. 5311 N 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List only one cause on each line. **Approximate** Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition_ 9 resulting in death) DUE TO (OR AS A CONSEQUENCE OF): oschrofi Then CERTIFICATION Sequentially list conditions OUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate tun cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF) **CAUSE (Disease or Injury** that initiated events reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMEO? AVAILABLE PRIOR TO COMPLETION DE CAUSE 1 | YES 21 NO OF DEATH? 1 TYES 2 NO ICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 Vinpatient 2 ER/Outpatient 3 DOA OTHER: 1 TES 2 NO PHYSI 5 Residence & Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCUREO 1 Natural 5 Pending м 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 28I. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(a) and manner es stated. 2 MEDICAL EXAMINER: On the basis of ex estigation, in my opinion, death occured at the time, data end place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. OATE SIGNED (Month, Day, Voer) BE 90 3896

CALSE OF OEATH (ITEM 27) (Type, Print)

M.D.

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OHMH-16 Rev 1/89

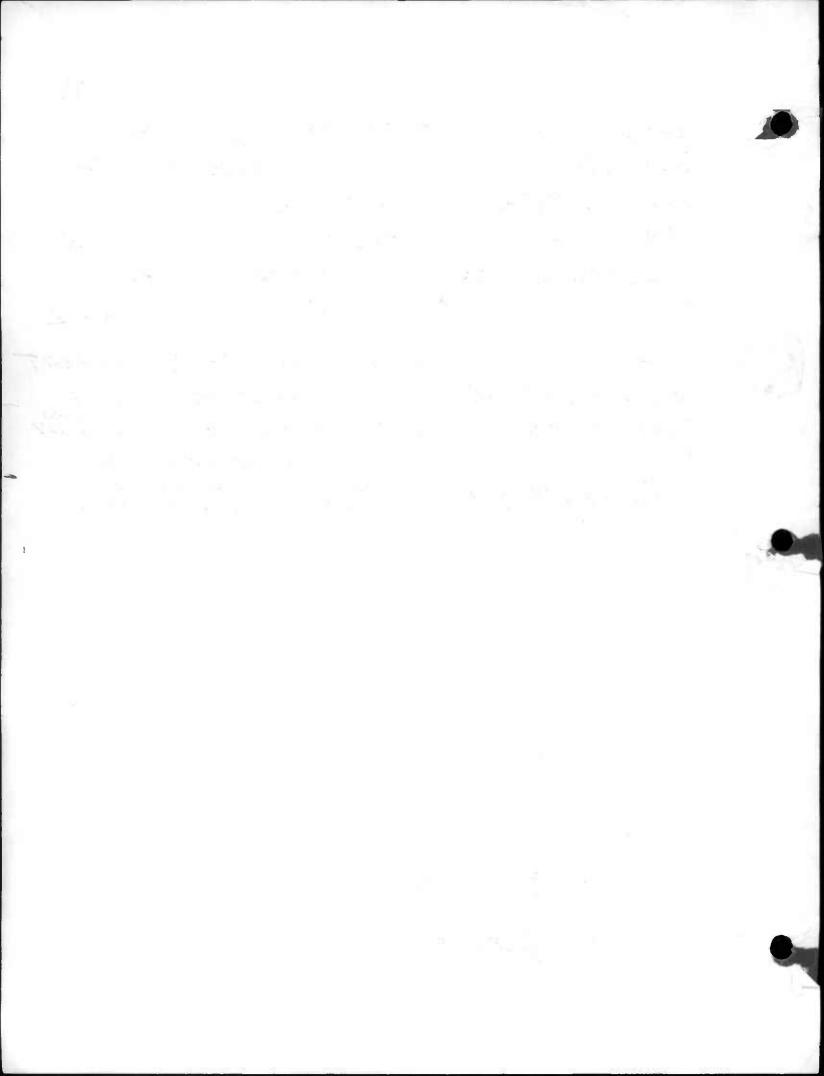
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	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete. After in by the funeral director, page 6.5 mode	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete. A filled in by the funeral director, page 4-shows the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	FOR STATE REGISTRAR	TATE OF MARYLA			F HEALTH AND I	MENTAL HYGIEI REG. NO	443	0 28945
	1. DECEDENT'S NAME (First, Middle, Last)	Ado	liess.			2. DATE OF DEATH MONTH	PAY Y	S. TIME OF DEATH 22:06 M
	198–10–1475 ¹±	M 2 □ F 78	n yrs. last birthday) YRS.	IF UNDER 1 YE MONTHS DA	YS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 4/29/19	12	BIRTHPLACE (State or Foreign Country) PENNSYLVANIA
OR	9a. FACILITY NAME (If not institution, give street a GOOD SAMARITAN HOS			9b. CITY, TO	BALTIMORE		9c. COUNTY	OF DEATH
DIRECTOR	100. STATE 10b. COUNTY MARYLAND BA	LTIMORE	10c. CIT	Y, TOWN OR L	CATION TIMORE			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL I	10s. STREET AND NUMBER 2308 SMITH AVE.				101. ZIP CODE 21.2	10g. CITIZEN OF WHAT COUNTRY? USA		
E E	1 Never Married 2 17 Married	WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	13. WAS		RACE — American Indian, Black, Whita, etc. Specify: WHITE		
PLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound of the compound o	Ille. Do NOT u	work done durin se retired.)	PATION g most of working IPLOYED	SODA		MENT SALES	
COMPL	17. FATHER'S NAME (First, Middle, Last) I.FWTS ADDRESS				16. MOTHER'S NA	AME (First, Middle, Maide	ENTAL n Surname) UNKNOWN	J
FO-BE	19a. INFORMANT'S NAME (Type/Print) MRS. MILDRED ADDRE		100	ADDRESS (St	reet and Number or Rural AVE • BA		wn, State, Zip Co	de)
	20e. METHOD OF DISPOSITION 1	from State 20b.	PLACE OF DISPO	SITION (Name	of cemetery, cremetory or MEM. PARK	20c. L	OCATION — CITY	or Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE LIGHNS	llua		22. NAM SC 60	0.,MD 21215			
	23. PART I. Enter the diseases, or company shock, prinaget fellure. List	plications that caused only one cause on a	tha death. Do					t, Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Onset and Death						
CATION	Sequentially liet conditions, if sm, leading to immediate	Ilmb.						
TIFICA	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE	910	us		Lake	
CERTIFI	d	preu	roma	lo the conde	dulan anna abusa la	Book L ou year	AL ALITOROV	24b. WERE AUTOPSY FINDINGS
MEDICAL	PART II. Other significant conditions co	mittiputing to death b	ut not resulting	in the under	rying cause given in	PERF 1 TYES	IN AUTOPSY ORMED? 2 NO	24b. WERE AN LOPSY PRODUCTS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			26. PLACE OF DEATH (C	heck only one)		
PHYSICIAN:		28a. DATE OF INJURY (Month, Day, Year)	28b. TIP	ME OF 28	Home 5 Residence c. INJURY AT WORK? YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOV	V INJURY OCCUI	REO
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datarmined	28e. PLACE OF INJURY building, atc. (Spec	' — At home, farm,			28f. LOCATION (Stree City or Town, Sta	et and Number or te)	Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: O							cause(s) and manner as stated.
8	29b. SIGNATURE AND TITLE OF CERTIFIER	my Pa	77		29c. LICENSE NU	IMBER	29d, DATE S	SIGNED (Month, Day, Year)
입	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DE	CASH	e, Print)				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	188 Afr	the their	lon Bondelle			

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FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a	fter	press. He ham 20 to marked or learn 22 chaus one interes or other frommalic event the medical evertient much he notified at once
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28946 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH DOVMAN 700M 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (in yes, last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 MISS. B. BIRTHPLACE (State or Foreign 1X W 2 DF 176-32-3817 0 Tenn Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH SC. COUNTY OF DEATH DIRECTOR New Ox -3 RESIDENCE OF DECEDEN 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 NO MD. Anne Arundel North Arundel FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? New Jersey Ave. 21061 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-14. RACE — American Indian, Black, Whita, atc. If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married 1 TES 2 NO Specify: Specify: White 8 3 Wildowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade or Elementery/Secondary (0-12) College (1-4 or 5+) Retired Army 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Hugh C. Bedford Frankie Mcfadden BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 Glenn Bedford 6241 Chestnut Oak Ln. Linthicum 21090 20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 28c. LOCATION - City or Town, Stata Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) L SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY State Anatomy Brd. Balto. 23. PART I. Enter the dispases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate shock, or heart fellure. List only one ceuse on sech line. Onset and Death IMMEDIATE CAUSE (Finel disease or condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 U YES 2 NO OF DEATH? 1 ☐ YES 2 ☐ NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 5 Mealdence 1 Inpetient 2 I ER/Outpetient 3 I DOA 8 - Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural
Accident INJURY 5 Pending М 1 YES 2 NO BY investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 🔲 Homicide determined CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the basis of examine tion end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated, 29d. DATE SIGNED (Month, Day) 29c. LICENSE NUMBER BE 0 2

CAUSE OF DEATH (ITEM 27) (Type, Pric

32 REGISTRAR'S SIGNATURE General Fonday areas an

the non-ital or attending physician. Determit. Pages 1, 2, 3 should

	FOR STATE REGISTRAR	STATE OF MA	RYLAND / DEPAR CERTIF						YGIENI REG. NO.	9	0	28947
	1. DECEDENT'S NAME (First, Middle, Last) CHARLOTTE	BE	CK.					2. DATE OF MONTH	DEATH DA		EAR	2-55 P.M
	4. SOCIAL SECURITY NUMBER 218-24-5864		AGE (In yrs. lest birthday) 60 YRS.	IF UNDER 1	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF I (Month, De 07/2	ly, Ybar)		BIRTHPLA Country)	CE (State or Foreign
OR	96. FACILITY NAME (If not institution, give since the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the sta		r	96. CITY, TOWN OR LOCATION OF DEATH Baltimore								
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E I	Maryland			Baltimore					10d. INSIDE LIMITS 1 X YES			
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BE COMPLETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	16a. DECEDENT'S (Ghe kind of life. Do NOT to	ENT'S USUAL OCCUPATION ind of work done during most of working NOT use retired.)							TRY		
8	17. FATHER'S NAME (First, Middle, Last)	Homen	aker		16. MOTH	IER'S NAI	WE (First, Midd	le, Maiden	Surname)			
0	Daniel Floyd			- 1	Mi.	ldre	ed Co	mbs				
0	19e. INFORMANT'S NAME (Type/Print)							loute Number,				
-	William Beck 2943 Walbrook Ave. Baltimore, MD											
	20s. METHOD OF DISPOSITION 1 N Burlel 2 Cremetton 3 Removal from Sate 4 Donatton 5 Other (Specify). 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) Archutus Memorial Park Baltimore											
	21. SIGNATURE OF TUNERAL SERVICE LA	Arbutus	5 Mei	NAME AN	D ACORES	Par S OF FAC	K N	Ba	r Fu	nera	1 Homes,	
	+ tomat K	Em	2	2	501	GW.	ynns	Fal Mary	ls F	arkwa	av	1 Homes,
	23. PART I. Enter the disesses, or shock, or heart feilure. IMMEDIATE CAUSE (Finel disesse or condition resulting in death)	e. Casti						h se cardisc	or respi	ratory srres	t,	Approximate Interval Between Onset and Death
TION												
CERTIFICATION	ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST Due to (or as a consequence of):											
	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS											
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Y PHY	27. MANNER OF DEATH 1- Natural 5 Pending 2 Accident Investigation	28e. DATE OF IN (Month, Day,		ME OF JURY M	28c. INJU WOI 1 Y		□ NO	28d. OESCR	IBE HOW I	NJURY OCCU	RED	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF building, et	INJURY — At home, farm, c. (Specify)	street, facto	ory, office			28f. LOCATI City or 1	ON (Street i fowri, State)	and Number or	Rural Route	Number,
COMPLETED	and and		y knowledge, death occur mination end/or investigat									d manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE			_			ENSE NUM					onth, Day, Year)
TO B	R-M. SHA			41.7		DI	96	68		10	-16	-90.
	30. NAME AND ADDRESS OF PERSON WITH R. M. Shah M. (1) 31. DATE FILED (Month, Day, Year)	COMPLETED CAUSE	OF DEATH (ITEM 27) (Typ.	e, Print)	(ine	ERT	-y h	+ A	VE F	Bul.	~ D
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	S SIGNATURE									

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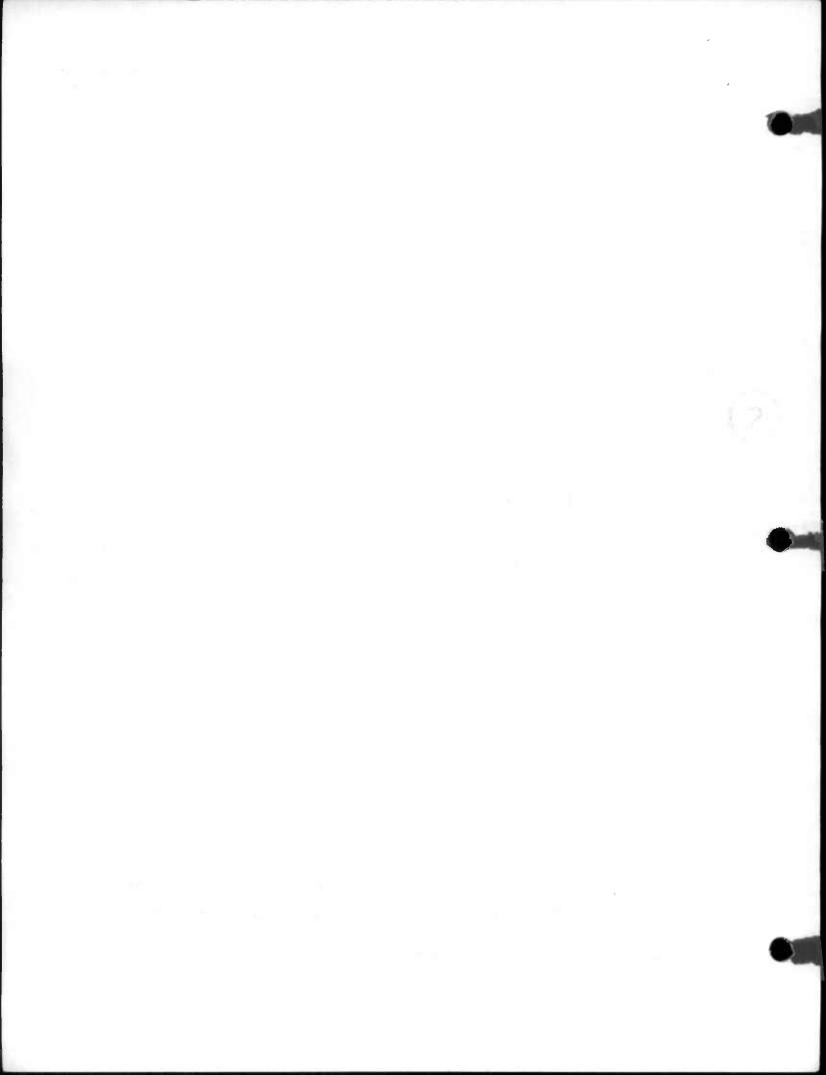
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IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must

Nevidron Randell

	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND /	DEPAR ERTIF					MENTAI	L HYGIE REG. N		90	2894	Ö			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF OEATH			3. TIME OF GEATH				
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1	4. SOCIAL SECURITY HUMBER	5, SEX	6. AGE (In yrs. las	t hirthday)	IF UNDER	1 YEAR	IF UNDER	R 24 HRS		OF BIRTH	. / 1.		HPLACE (State or Foreign				
	225-20-5143	1 🕅 M 2 🗆 F	65	YRS.	MONTHS	DAYS	HOURS	MIN.	Jun	e 22	192	Count					
	9a. FACILITY NAME (If not institution, give st	3.2		11.147	at 01774	701451 0	210017	OH OF DE		e 22	_	HTY OF D		_			
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EC	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN C	R LOCAT	ION						10d. INSIDE CITY				
£	Maryland				Ba1	tin	ore	Cit	су				1 PYES 2 NO				
7	10a, STREET AND NUMBER			_		101	ZIP COD)E			10a, CIT	IZEN OF	WHAT COUNTRY?	\dashv			
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FUNERAL DIRECTOR	11, MARITAL STATUS	MED	1 12	Wile DEC	ENDENT	OE HISBAN	IIC ODIGIN	1? (Specify)	for at Ha	14 BAC	E - American Indian,	_					
교	1 Hever Married 2 Married	IT EVER IN U.S. AR YYES 2 ☐ P MAR OR DATES T	10		If yes, sp	ecify Cub	en, Mexice	n, Puarto I	Rican, atc.)	of Ho	Blac	ik, White, etc.					
BY	3 Widowed 4 Divorced	184A	RMY	I 🗌 YES	2 XNO	Specify	r:			Spec	^{wy:} Black						
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2	Elementally/Secondary (0-12)	College (1-4 or 5	' V	Vare	hous	sema	n										
종	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S HAME (First, Middle, Malden Surname)																
TO.BE COMPLETED	17. FATHER'S NAME (First, Middle, Last) Cornelius Billups 18. MOTHER'S HAME (First, Middle, Maiden Surname) Mary King																
8	19a, IHFORMANT'S NAME (Type/Print)		19	b. MAILIHO	AOORESS	S (Street a	nd Numbe	or or Rural F	Route Numi	ber, City or 7	own, State, Zi	io Code)					
2	Mrs. Carlin G.	. Billu											, MD 2122	23			
											LOCATION -						
	20a. METHOD OF DISPOSITIOH XXBurial 2 Cremation 3 Rem. 4 Donation 5 Other (Specify)	oval from State	Mars	oce) G	SPOSITION (Name of cometery, crematory or Garrison Forest					r. 0	wing	s M	ills, MD				
	21. SIGNATURE OF FUNERAL SERVICE LIC	_			ESS OF FA		-1										
	Nutter Fun										ies,	Inc	. 21216				
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	23. PART I. Enter the diseases, pro ehock, pr heart failure.				not anter	the mo	de of dy	ying, auci	h aa can	diac or rea	spiratory a	rreat,	Approximata interval Batwe				
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	Marian and Alakan	· Sees	2'1										120				
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은	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A COHSE	OUEHCE O	F):		Sequentially list conditions, Due to los as a consequence op-										
4	if any, leading to immediata cause. Enter UNDERLYING										i						
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IFIC/	CAUSE (Disease or injury that initiated evente	c	OR AS A COHSE	OUEHCE O	F):												
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CERTIFICATION	that initiated evente reaulting in death) LAST	d				nderivin	g couse	given in	Part I.	24e, WAS	AN AUTOPS	(24	b. WERE AUTOPSY FINDING	4GS			
	that initiated evente	d				nderfyln	g ceuse	given in	Part I.	PERF	AN AUTOPSY	24	b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE				
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	EDIC EDIC				in the underlyin	g ceuse given in	PERF		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
	ME				In the underlyin	g ceuse given in	PERF	ORMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE		
RECORE w requires that been signed by pt. of Health an	2 ≥	25. WAS CASE REFERRED TO MEDICAL				LACE OF DEATH (Ch	PERF	ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
FAL RECORE The law requires that the has been signed by ate Dept. of Health an	2 ≥	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	pettent 3 🗆 DOA	28. P	LACE OF DEATH (Ch	PERF 1 YES	ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
FAL RECORE The law requires that the has been signed by ate Dept. of Health an	, or item 23 short	EXAMINER?	1 Inpatient 2 ER/Out 28e. OATE OF INJURY	28b. Til	28. P OTHER: 4 Nursing Hon	LACE OF DEATH (Ch	PERF	ORMED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
OF VITAL RECORE PHYSICIAN: The law requires that this certificate has been signed by with the State Dept. of Health an	ked, or item 23 sho PHYSICIAN: M	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpatient 2 ER/Out	28b. Til	28. P OTHER: 4 Nursing Hon ME OF 28c. IN. WY	LACE OF DEATH (Ch	PERF 1 YES eck only one) 8 Other (Specify)	ORMED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
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OF VITAL RECORE PHYSICIAN: The law requires that this certificate has been signed by with the State Dept. of Health an	marked, or item 23 sho BY PHYSICIAN: M	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	1 Inpetient 2 ER/Out 28e. OATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJUR	28b. Til	28. P OTHER: 4 Nursing Hon ME OF	LACE OF DEATH (Ch	PERF 1 YES eck only one) 8 Other (Specify) 28d. DESCRIBE HOW	ORMED? 2 NO V INJURY OCCUI	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
DIVISION OF VITAL RECORD 1. DIR ATTENDING PHYSICIAN: The law requires that 1. DIRECTOR: After this certificate has been signed by 2 hours after death with the State Dept. of Health an	f Item 28 is marked, or Item 23 shoripLETED BY PHYSICIAN: M	EXAMINER? 1 OYES 2 NO 27. MANNER OF DEATH 1 Neural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only)	28e. SATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Spe	28b. Til IN Y — At home, farm, scify)	OTHER: 4 Nursing Hon ME OF 28c. In. WY M 1 streel, factory, office	LACE OF DEATH (Ch	PERF 1 YES ack only one) 8 Other (Specify) 28d. DESCRIBE HON City or Town, Ste to the cause(e) and r	ORMED? 2 NO V INJURY OCCUP et and Number or	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO REO Rural Route Number,		
DIVISION OF VITAL RECORD 1. DIR ATTENDING PHYSICIAN: The law requires that 1. DIRECTOR: After this certificate has been signed by 2 hours after death with the State Dept. of Health an	f Item 28 is marked, or Item 23 shoripLETED BY PHYSICIAN: M	EXAMINER? 1 OYES 2 NO 27. MANNER OF DEATH 1 Neural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only)	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Special Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of	28b. Til IN Y — At home, farm, scify)	OTHER: 4 Nursing Hon ME OF 28c. In. WY M 1 streel, factory, office	LACE OF DEATH (Ch	PERF 1 YES ack only one) 8 Other (Specify) 28d. DESCRIBE HOW City or Town, Ste to the cause(e) and r time, date and place,	ORMED? 2 NO VINJURY OCCUI et end Number or tel) nenner as stated, and dua to the c	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO REO Rural Route Number, cause(a) and menner as stated.		
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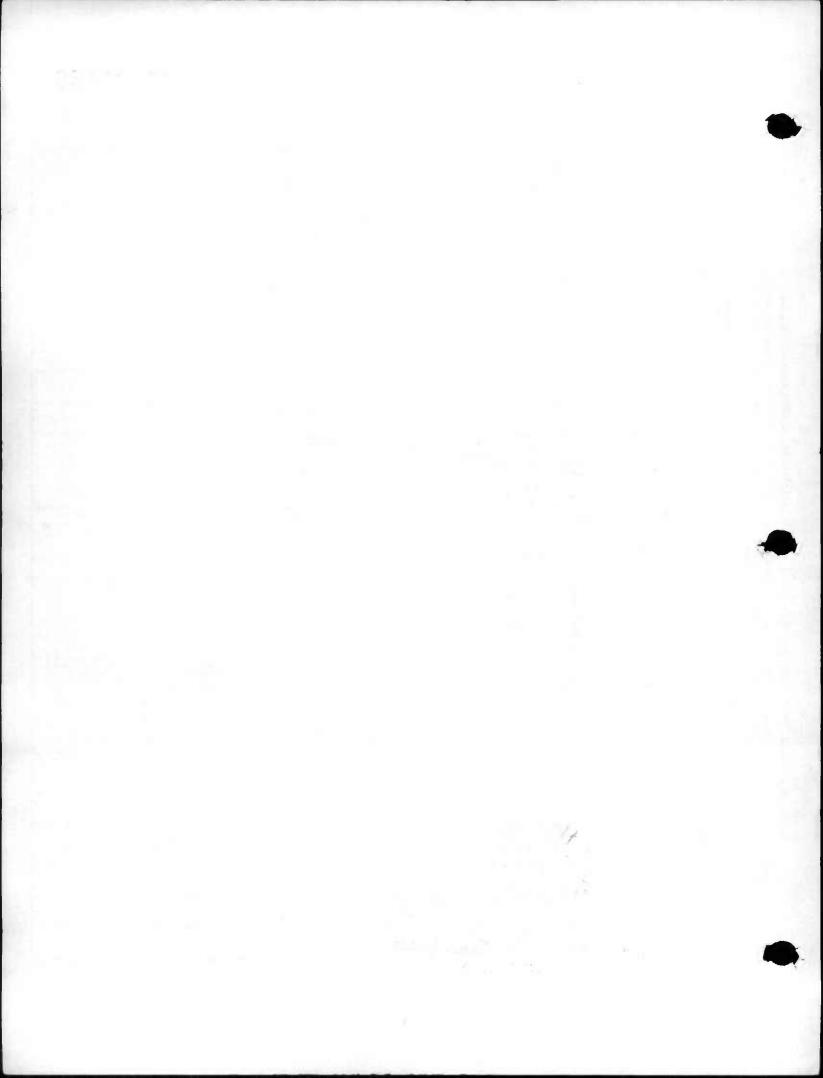
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

or attending ph	r use as the bu		
by the hospital	be detached for		at once.
may be retained	or, page 5 should		ist be notified
ter death. Page 6	the funeral direct	oval.	al examiner m
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jurs after death. Page 6 may be retained by the hospital or attending ph	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bu	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
cate be executed	hysician and com	prior to burial, o	or traumatic ev
t the death certifi	y the attending p	nd Mental Hygien	Injury, or oth
law requires that	has been signed la	Dept. of Health a	23 shows any
PHYSICIAN: The	r this certificate it	h with the State	arked, or Item
OR ATTENDING	DIRECTOR: After	hours after death	Item 28 Is ma
THE HOSPITAL	THE FUNERAL	be filed within 72	MPORTANT: It

90 28950 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI			MENTAL	HYGIENE REG. NO.	30 1	28950	
1. DECEDENT'S NAME (First, Middle, L	2.			2. DATE OF DEATH MONTH DAY YE			3. TIME OF DEATH		
Ire			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE (-17-90	I a BIRTH	9:04AM PLACE (State or Foreday	_ '
215-52-4901 Pa. FACILITY NAME (If not institution, g	1 M 2 XF	42 yrs. M	ONTHE DAYS	HOURS MIN.	(Month)	09-48	Country	" MD	
Johns Hopkins	Hospital			more Cit		9e. Ct	DUNTY OF DE	EATH	
10s. STATE 10b. CO							10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
10a. STREET AND NUMBER					10g. C		HAT COUNTRY?		
	GER STREET			21202			USA		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			13. WAS DECE	cify Cuban, Mexica	n, Puerto R	? (Specify Yes or No— lican, etc.)	- 14. RACE Black Specif	- American Indian, White, etc. 9: BLACK	
15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12)	EDUCATION wade completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use in	UAL OCCUPATION done during most	N t of working	16b.	KIND OF BUSINESS/	INDUSTRY		_
12th	Osings (14 of 54)	UNEMPL	OYED						
17. FATHER'S NAME (First, Middle, Last						liddle, Maiden Surname	o)		
	WN SR.			ELEA					
19a. INFORMANT'S NAME (Type/Print) RODNEY L.	BROWN					or, City or Town, State, TIMORE,		21202	
204 METHOD OF DISPOSITION	20	b. PLACE OF DISPOSIT	ON (Name of cert	etery commetory or		29c, LOCATION			-
X Burial 2 Cremation 3 4 Donation 5 Other (Specify)	Removal from State	TERN S	TAR CI	EMETERY	1	CATON	ISVIL	LE, MD.	
21. SIGNATURE OF FUNERAL SERVICE	L. William	<i>y</i> 0		MARCH		. 1101	E. N(ORTH AVE	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part Mjorbid obesity					Part I.	24s. WAS AN AUTOPSY PERFORMED? }{XXFS 2 □ NO		24b. WERE AUTOPSY FINDINGS ARAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? DESTES 2 NO	
25. WAS CASE REFERRED TO MEDICA	NL		28. PL	ACE OF DEATH (C)	eck only on	0)			_
EXAMINER?	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Ou		THER: Nursing Hom	6 🗆 Residence	6 🗆 Other	(Specify)			
27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME (NJURY) (NJURY)			WO WO	28c. INJURY AT WORK? 1 YES 2 NO		CRIBE HOW INJURY	OW INJURY OCCURED		
2 Accident investigat 3 Suicide 6 Could no 4 Homicide determine	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)				LOCATION (Street and Number or Rural Route Number, City or Town, State)				
TOTAL OTHY	HYSICIAN: To the best of my kno MINER: On the basis of examinat) and manner as state	d.
296 SIGNATURE AND TITLE OF CERT	e Kull	29c. LICENSE NUMBER OCME				29d. DATE SIGNED (Month, Day, Year) 10-18-90			
30. NAME AND ADDRESS OF PERSON FRANK PERETTI				treet,Ba	altim	ore,MD 21	.201		
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SHO	MATURE BON-Randall							

DHMH-16 Rev 1/89



	1 - FOR REGISTRAR	STATE OF MARY		RTMENT OF I		MENTAL HYGIEN REG. NO.	- 41	28951
	1. DECEDENT'S NAME (First, Middle, Last)	and the last				2. DATE OF DEATH	Y YEAF	3. TIME OF DEATH
	JAMES	LEB	BRINEY		1	10/16	190	100 A
-	4. SOCIAL SECURITY NUMBER 3-3-0-0-3-95 73	5. SEX 8. AGE	(In yrs. lest birthday)	MONTHS DAYS	HOURE MIN.	7. DATE OF BIRTH (Month, Day, Year)	Cor	RTHPLACE (State or Foreign intry)
2	9a. FACILITY NAME (If not institution, give		/.) Ins.	9h CITY TOWN	OR LOCATION OF DE	2/16//	9c. COUNTY OF	Maryland
T	Frames Scott your RESIDENCE OF DECEDENT		tu		tinon	AIII .	sc. country of	DEATH
~ B	10a. STATE 10b. COUNT	*	10c. CIT	TY, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
15	(11)	Harford			gewood			1 TYES 2 TNO
FUNERAL	106. STREET AND NUMBER	wood Court	5	10	H. ZIP CODE)	10g. CITIZEN O	F WHAT COUNTRY?
15	11. MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED		CENDENT OF HISPAN pecify Cuben, Mexica	IIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No- 14. R/	ACE — American Indien, ack, White, etc.
BY	3 Widowed 4 Divorced	World Wa	DATES TT	1 🗆 YES	S 2 NO Specify	r:		eucasian
ED	15. DECEDENT'S ED	UCATION	16a. DECEDENT'S	S USUAL OCCUPATE		16b. KIND OF BUS		
<u> </u>	(Specify only highest grad Elementary/Secondary (0-12)	(completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during m ise retired.)	ost of working			
COMPL	8		Ground	ds Mair	tenance	U.S.	. Gove:	rnment
NOS	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden	Surname)	
111	William	Briney	-	<u> </u>		Lenore		nna
TO B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING		4.4	Route Number, City or Tow	n, State, Zip Code)	
	Dorothy A. Br	iney			as #10			-
	1 Buriel 2 Cremation 3 Re	moval from State	other place) AVIORS		Cemete; crematory or		cation — city of Lte Ha	
	4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE /)	Ayyes (IND ADDRESS OF FA		Lue na.	11, Md.
	m Ho	11	1/1			uneral Ho		
	23. PART I. Enter the diseases, pr	complications that care	d the death Do	and anter the m	Jarretts	sville. N	[ary] a	
шеоіся	shock, or heert fallure	. List only one ceuse on	each line.	not enter the m	ode of dying, suc	n as cardiec or reap	ratory arreat,	Approximate Interval Between Onset and Deat
event, tile	disease or condition resulting in death)	Aspiration	on Phoon	rollin e	Sepsis			
	Todating in death)	DUE TO (OR AS	A CONSEQUENCE (OF):	,			10 11
1	Sequentially list conditions,	b. Cerebral [lascoln.	Michery				Fronth
RTIFICATION	if any, leeding to immediate cause. Enter UNDERLYING	Ranman	A CONSEQUENCE O	TJ -	1. #			
FIC	CAUSE (Disease or Injury that initiated events	C	A CONSECUENCE	ofary In	1 Coffees			
ERTIFICATION	resulting in death) LAST	d.						
5 5	PART II. Other significent condition	one contributing to domin	but not reculate	In the present de	an ceure elves !-	Part I. 24s, WAS AN	AUTOBEY	24b. WERE AUTOPSY FINDINGS
	. And in Other argument condition	commoding to death	DULLION TESURING	i in use underly!!	ny cause given in	PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE
MEDIC						1 YES 2	NO	DF DEATH?
Σ						_		1 TYES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. F	PLACE OF DEATH (Ch	eck only one)		
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	itpatient 3 🗆 DOA	OTHER:	me 5 - Reeldence			
PHY	27. MANNER OF DEATH	26e. DATE OF INJUR	7 28b. Til	ME OF 28c, IN	JURY AT	28d. DESCRIBE HOW	NJURY OCCURED)
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year	' "		YES 2 NO			
2 0	3 Suicide 8 Could not be	28a PLACE OF INJUI	RY — At home, farm,	, street, factory, offi	ice	28f. LOCATION (Street City or Town, State)		ral Route Number,
1 2	4 Homicide determined							
티	29e. CERTIFIER (Check only	SICIAN: To the best of my kno	wiedge, death occur	rred at the time, dat	te and place, and due	to the cause(e) end ma	nner as stated,	
COM	one) 2 MEDICAL EXAMI	NER: On the basic of examinat	ion end/or investigat	lon, in my opinion,	death occured at the	time, date end piece, er	nd due to the ceu	se(e) end manner ee stated.
ш	296. SIGNATURE AND TITLE OF CERTIF	ER			29c. LICENSE NU	Contraction and	29d. DATE SIGI	NED (Month, Day, Year)
TO B	Solen R 13	wer n		BURTON)	20 18	87	10-	17-90
1	30. NAME AND ADDRESS OF PERSON V	0 211	DEATH (ITEM 27) (Typ	oe, Print)				
	31. DATE PILED (Month, Day, Year)	A2. REGISTRAR'S SIG	ENATURE					
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mours after death. Page 6 may be in	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page a	be flied within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be me	
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	9a. FACILITY NAME (If not institution, give stre	eet and number)		9b.	CITY, TOWN O	R LOCATION OF DEAT		9c. COUNTY	
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	17. FATHER'S NAME (First, Middle, Last)			Но	memake	16. MOTHER'S NAME		Self	
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TO BE	19e. INFORMANT'S NAME (Type/Print)		1000			nd Number or Rural Rou			de)
-	Mr. Luther W. Bor	ror				158, Keys			
	20e. METHOD OF DISPOSITION 1 🔀 Burlel 2 🗆 Cremetion 3 🗀 Ramon 4 🗆 Donation 5 🔎 Other (Specify)	val from Stale	other place)		netery, cremetory or		OCATION — City	
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	A hours to	1 tu			Rotr	uck Funer	al Home		, W.Va. 26726
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Dr Peter Hall 31. DATE FILED (Month, Day, Year) OCT 2 2 1990

DHMH-16 Rev 1/89

YEAR

90

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

MARYLAND

SAMUEL

4. SOCIAL SECURITY NUMBER 183-18-7142

YRS.

6. AGE (In yrs. last birthday)

66

BOYLE

5. SEX

1 X M 2 - F

2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Year)

IF UNDER 1 YEAR | IF UNDER 24 HRS.

DAYS

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	9a. FACILITY NAME (If not institution, give street end number) Facilitati Lin (Viglital)					9b. CITY, TOWN OR LOCATION OF DEATH 9c. COU					Н
۳ ا	1 0000	~ 47	n Noglita	il.		Facel	eten		Ha	ufaul	/
5	RESIDENCE OF DEC										
DIRECTOR	10e. STATE	10b. COUNTY				TOWN OR LOCA				10	d. INSIDE CITY LIMITS?
	MD	H A	ARFORD		MHI	TEFOR)		1	YES 2 X NO	
٦I	10e. STREET AND NUMBER					1	I. ZIP CODE		IZEN OF WHA	T COUNTRY?	
	1644 DEEF	RIIN	Rn.				21160		I US	A	
FUNERAL	11. MARITAL STATUS	11, 31,	12. WAS DECEDENT EV	ER IN U.S. ARM	AED	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify				14. RACE —	American Indian, hile, etc.
	1 Never Merried 2	Nerried	FORCES? 1 1	YES 2	0		pecify Cuben, Mexican,	Puerto Ricen, etc.)			
à l	3 💢 Xidowed 4 🗌 Dive	proed	IF TES, GIVE HAR C	M DATES		'''	S X X NO Specify:			WHTT	E
	(Specify only highest grade completed) (Give kin			EDENT'S U	SUAL OCCUPAT	ION	16b. KIND OF BU	JSINESS/IN	DUSTRY		
				e kind of wo Do NOT use	rk done during n retired.)	ost of working				4	
PCET	Elementery/Secondary (I	0-12)	College (1-4 or 5 +)	HEA	VY E	QUIP	PERATOR	Cons	TRUC	TION	
COM	17. FATHER'S NAME (First, M	Airiolla (mat)		11.				(First, Middle, Maider			
ŏ	HUGH L.	BOYLE					MARG	ARET LAI	V F		
띪											
[]	190. INFORMANT'S NAME (_	-	19b	C/I/I	DEESS (Street	end Number or Burel Book	ute Number, City or To	wn, State, Zi	ip Cope	21160
-	CURTIS L.			1	044	DEEP	(UN KD.)				
	20g. METHOD OF DISPOSIT	ION	oval Imm State	20b. PLACE C	OF DISPOSIT	TION (Name of c	emetery, crematory or	29c. L	OCATION -	ORD;	SITT
	4 Donation 5 Other			TAB	ERNA	CLE C	EMETERY	W H	IIFF	י עאט	יעויו.
	21. SIGNATURE OF FUNERA	AL SERVICE LIC	CENSEE				ND ADDRESS OF FACIL				
	D (ble	11 H.	Tillett			HARK	INS F.H.	INC. DE	LTA	PA.,	17314
		20,10									
	23. PART 1. Enter the d		complications that car List only ona causa o			t antar the m	oda of dying, such	aa cardiac or reap	olratory a	rreat,	Approximata Interval Between
	IMMEDIATE CAUSE (FI		and the second			6				1	Onset and Death
	disease Dr condition	\rightarrow	Butterice	ulu	elic	Cord	anasul	an Ller	en	6	
	resolving in death)			AS A CONSEC							
z			h								
CERTIFICATION	Sequentially list condit if any, leading to imme		DUE TO (OR	AS A CONSEC	UENCE OF)	:					
8	cause. Entar UNDERLY	ING	c								
Ĕ	CAUSE (Disease or injute that initiated events	ury	DUE TO (OR	AS A CONSEQ	UENCE DF)	:					
F	reaulting in death) LAS	ST	d.								
A	PART II. Other significa		s contributing to dea	ith but not re	esulting in	tha underlyi	ng cause given in P	nrt i. 24e. WAS A PERFO	N AUTOPSY	AV	ERE AUTOPSY FINDINGS AILABLE PRIOR TO
잃		PD						1 ☐ YES	2 NO		OMPLETION OF CAUSE F DEATH?
<u> </u>	Em	oflyp	end_							1	YES 2 NO
<u> </u>	C							_			. /
إ≽	25. WAS CASE REFERRED 1	TO MEDICAL				26.	PLACE OF DEATH (Chec	k only one)			
잃ㅣ	EXAMINER?		HOSPITAL:	(Outpettent 2		OTHER:					
HYSICIAN: MEDICAL	27. MANNER OF DEATH		28e. DATE DE INJ		28b. TIME		me 5 Reeldence 6	28d. DESCRIBE HOW	INJURY O	CCURED	
۵		Pending	(Month, Day, Y		INJU	RY V	ORK?	ISO. DESCRIBE HOW	-	COUNCD	
B	2 Accident	Investigation	00. PL 105 05 III	W (1904) A			YES 2 NO			6 10	
		Could not be	28e. PLACE OF IN- building, etc.	(Specify)	me, Jerm, st	reet, factory, of	ce	261. LOCATION (Street City or Town, State	end Numb	er or Hurel Hou	le Number,
COMPLETED	4 Homicide determined										
7	29e. CERTIFIER 1 CER	TIFYING PHYS	ICIAN: To the best of my	knowledge, de	ath occurred	d at the lime, de	te end place, end due to	the cause(e) end m	enner ee st	ated.	
8	one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in m					, in my opinion,	death occured at the ti	me, date end place, o	end due to	the ceuse(e) e	nd menner as stated.
				Jen	enth	29c. LICENSE NUME	IER	29d, DA	TE SIGNED (M	onth, Day, Year)	
H	296. SIGNATURE AND TITLE OF CERTIFIER			Tarin		The second second			1	1	
임	30. NAME AND ADDRESS O	OF PERSON WIL	O COU LETED CAUSE O	E DEATH ATE	4 27) (Time	Print)	20 1	1 61	1	(1) 10	170
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	PICHA		COLF	ca M	D	. <u>.</u>		raulings	en,	IVIC	2,004
	31. DATE FILED (Month, Day,		32. REGISTRAR'S Julia Davidso	SIGNATURE	. 00			0			
- 1	OCT 2 2	19 90	guna Navidse	n-Mana				_			

ours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

BALTIMORE, MARYLAND 21203-3146

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

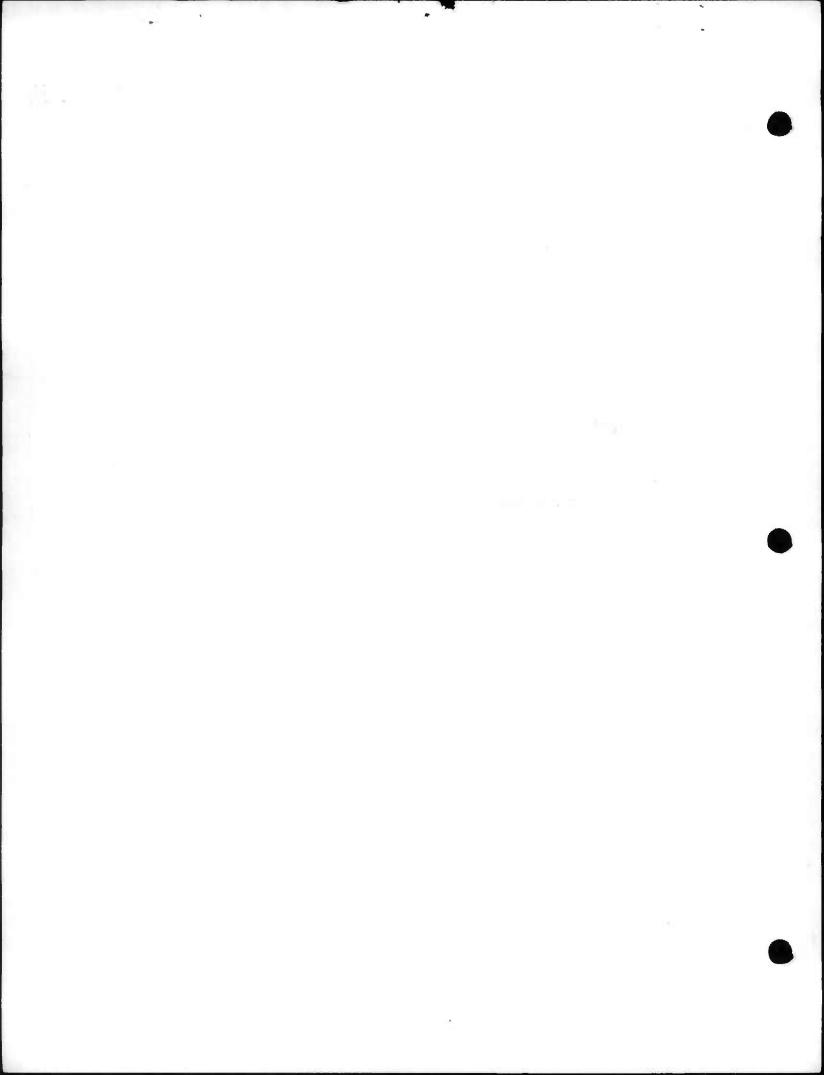
IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE REGISTRAR		STATE OF MARY		EPARTME RTIFICAT			MENTA	L HYGIENE		90	289	54
1. DECEDENT'S HAME (First	, Middle, Last) Carlo	os		naza			2. DATE	of DEATH DAY	, Y	FAR 1	:31PM	м
4. SOCIAL SECURITY HUME			E (In yrs. lest bir	MONTH	DER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH h, Day, Year)		BIRTHPLA Country)	ICE (State or Foreig	,
220-23-9305 9a. FACILITY NAME (If not in	,		17	YRS.		R LOCATION OF DE		29, 1	972	Bol:		\dashv
		ntist Hospi	tal	,		ockville					y County	y
RESIDENCE OF DEC	10b. COUNTY		1	loc. CITY, TOW	N OR LOCAT	ЮН				10-	d. INSIDE CITY	=
Maryland	Montg	omery		Ga	ither	sburg		40.00		17	LIMITS? CYES 2 - NO	
10e. STREET AND NUMBER					101	ZIP CODE					T COUNTRY?	
218 West D		k Road 12. WAS DECEDENT EVER	IN U.S. ARME	D	13. WAS DEC	20877 EHDEHT OF HISPAN	NIC ORIGI	H? (Specify Yea		ivia LRACE —	Americen Indian, hita, atc.	\dashv
1 Never Married 2 3 Widowed 4 Dive	Married	FORCES? 1 YE	s 2 X X40		If yes, spe	cify Cuban, Maxica 2 HO Specifi	in, Puerto y:	Rican, atc.)		Black, W Specify:		
	CEDENT'S EDUCA	TIOH	16a, DECE	DEHT'S USUAI	LOCCUPATION	IN .		ivian	IHESS/IHDUS	STRY	Bolivia	n
(Specify on Elementary/Secondary (ly highest grade co	College (1-4 or 5 +)	(Give	kind of work do NOT use retire	ne during mo d.)	st of working						
11			St	udent				Educa				
17. FATHER'S HAME (First, A						18. MOTHER'S HA		Middle, Melden : a Beni				- 1
19a. INFORMANT'S NAME (19b. N	AAILING ADDR	ESS (Street a	r L d1				ode)	20877	
Mario C	anaza		21	8 West	Deer	Park Ro	ad G	_				
20a. METHOD OF DISPOSIT	on 3 🗆 Remov	rel from State	other place)_		netery, crematory or			CATION — CH			
4 Denation 5 Other			Gate o	r Heav	22. NAME AI	metery IO AGORESS OF FA	CILITY D	eVol F	unera	ring, 1 Hom	<u>Maryla</u> ne	nd
100	V L	Nan			10	East De	er F	'ark Dr	ive			
23. PART I. Enter the dehock, or find the second second second second second second second second second second second second second second second second second second second second second second second second second sec	neart failure. Li nei	Multiple	each line.	es	eter the mo	de of dying, suc	ch as car	rdiac or reapi	ratory arres	nt,	Approximate interval Betwoonset and D	reen
Sequentially list condi- if any, laeding to imme cause. Enter UNDERLY CAUSE (Disease or Inj- that initiated events resulting in daath) LAS	ediata rING ury c.	DUE TO (OR AS										
PART II. Other signific	ant conditions	contributing to death	but not res	ulting in the	underlyln	g ceuse given in	Part I.	24a. WAS AN PERFOR		All	ERE AUTOPSY FIND MILABLE PRIOR TO OMPLETION OF CAU	
								XXXES 2	□ но	O	F DEATH?	
25. WAS CASE REFERRED EXAMINER?	_	HOSPITAL:	utpatlant 3 🗆		HER:	ACE OF DEATH (C)						
27. MANNER OF DEATH 1 Hetural 5		28a. OATE OF INJUF (Month, Day, Yea 9-23-90	ry :	26b. TIME OF INJURY 8:00P	W	URY AT ORK? YES 2 ∑NO		ver in			ted acc	ide
3 Suicide 6 Homicide	Could not be determined	28e. PLACE OF INJU building, atc. (S	JRY — At home	, farm, street,			355		Ave.	,Gai	thersbu	
(CINECK CITY)		IAH: To the best of my kn					a to the c	ause(e) and mar	iner aa stated	3.	Marylari nd manner ea stat	
29b. SIGNATURE AND TITL	E OF CERTIFIER					29c. LICENSE NU			29d. DATE		lonth, Day, Year)	\neg
30, NAME AND ADDRESS (OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM :			n Street	CME .Bal	timore	MD 21		24-90	\dashv
21 DATE EILED (Marth De	(Mar)	22 DECISTRANCE	CNATURE				,	Comment of the Comment	,			\dashv

gran Savidson Randore



DHMH-16 Rev 1/89

FAAL DIRECTOR

TO BE COMPLETED BY

1 - STATE REGISTRAR	IAIE UF MAI				HEALIH AND I F DEATH	MENTAL	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE (OF DEATH		3. TIME OF DEATH
Nancy	Lorina	Col	eman			16	- 7	8-9	0 1034 11
	SEX 6.	AGE (In yrs. lest I		UNDER 1 YEAR		7. DATE O (Month, FEB	Day, Year)		BIRTHPLACE (State Foleign Country) MARYLAND
9e. FACILITY NAME (If not institution, give street e	and number)		98	CITY, TOW	OR LOCATION OF DE		11 1		OF DEATH
2 Fairview Ave	enue			С	atonsvi	l1e		BAL	JIM RE
Maryland Bal	timore		10c. CITY, T	OWN OR LOC	Caton	svi1	1e		10d. INSIDE CITY LIMITS? 1 YES 2 X NO
100. STREET AND NUMBER 2 Fairview Ave	nue				101. ZIP CODE 2122	8			OF WHAT COUNTRY?
11. MARITAL STATUS Never Merried 12. Weight 13. Weight 14. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. Weight 15. We									
15. DECEDENT'S EDUCATIO (Specify only highest grade comp		/Glv	e kind of work	UAL OCCUPA	TION most of working			INESS/INDUS	
Elementary/Secondary (0-12) Co	Hege (1-4 or 5+)	tife. L	Do NOT use n	s Aid				Jose na Ho	-
17. FATHER'S NAME (First, Middle, Last) Ray Phomas II.	Roy Thoma	s Holmes			18. MOTHER'S NA Hele	ME (First, M		Surname)	
19a. INFORMANT'S NAME (Type/Print) EVa Holmes		19b. 2			Avenue				
20e. METHOD OF DISPOSITION 1 SyBuriel 2 Cremetion 3 Removal	from State	20b. PLACE O other place	F DISPOSITI	ON (Name of	comotory, crometory or		20c. LO	CATION — City	or Town, State Ce County, MI
4 Donation 5 Other (Specify)	FF				AND ADDRESS OF FA		Dai	CIMOI	e country, M
> Herbert	1.3	utte		Nut	ter Fune	eral	Home	s, In	nc. 21216 Balto., MD
23. PART I. Enter the diseases, or companded in the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the	only ona cause	on each line.			Action of dying, suc				Interval Between
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		R AS A CONSECU	Í						
PART II. Other significant conditions of	ontributing to de	ath but not re	aulting in	tha undariy	ring cause given in	Part I.	24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
. 1/1							PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
						_	1 TYES 2	IN NO	OF DEATH?
						_			bood - E - Bood
25. WAS CASE REFERRED TO MEDICAL EXAMPLER?					PLACE OF DEATH (C)	neck only on	•)		
	OSPITAL: Inpetient 2 - E	R/Outpatient 3		THER:	lome 5 Residence	8 🗆 Other	r (Specify)		
27. MANNER OF DEATH 1. Netural 5 Pending 2 Applicate Investigation	28a. DATE OF IN. (Month, Day,		28b. TIME (Y	INJURY AT WORK? YES 2 NO	28d. DES	CRIBE HOW	NJURY OCCUP	RED
2 Accident Investigation 3 Strictde 8 Could not be 4 Homicide datarmined	28e. PLACE OF II building, ato	NJURY — At hon . (Specify)	ne, farm, stre	et, factory, o	ffice	28f. LOC	ATION (Street or Town, State)	and Number or	Rural Route Number,
29e. CERTIFIER (Check only one)	-								
2 EMEDICAL EXAMINER: 0	n the besie of exen	nination end/or in	rvestigation,	In my opinio			and place, ar	d due to the c	cause(a) and manner ea stated.
296 MONATURE AND TITLE OF CERTIFIER	wan	TIM	2 /	Dag Pi	LICENSE NU	MBER //7	/	29d. DATE S	O 18 90
30. HAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE	OF DEATH (ITEM	27) (Type, 6	555	BALL	TU N	ar'ı	PK	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S) #		- GINE	(ATO	NSV1	2621228
OCT 2 2 1990	guna De	widson-A	andelle				,	- / /	DHMH-18 Rev 1/89

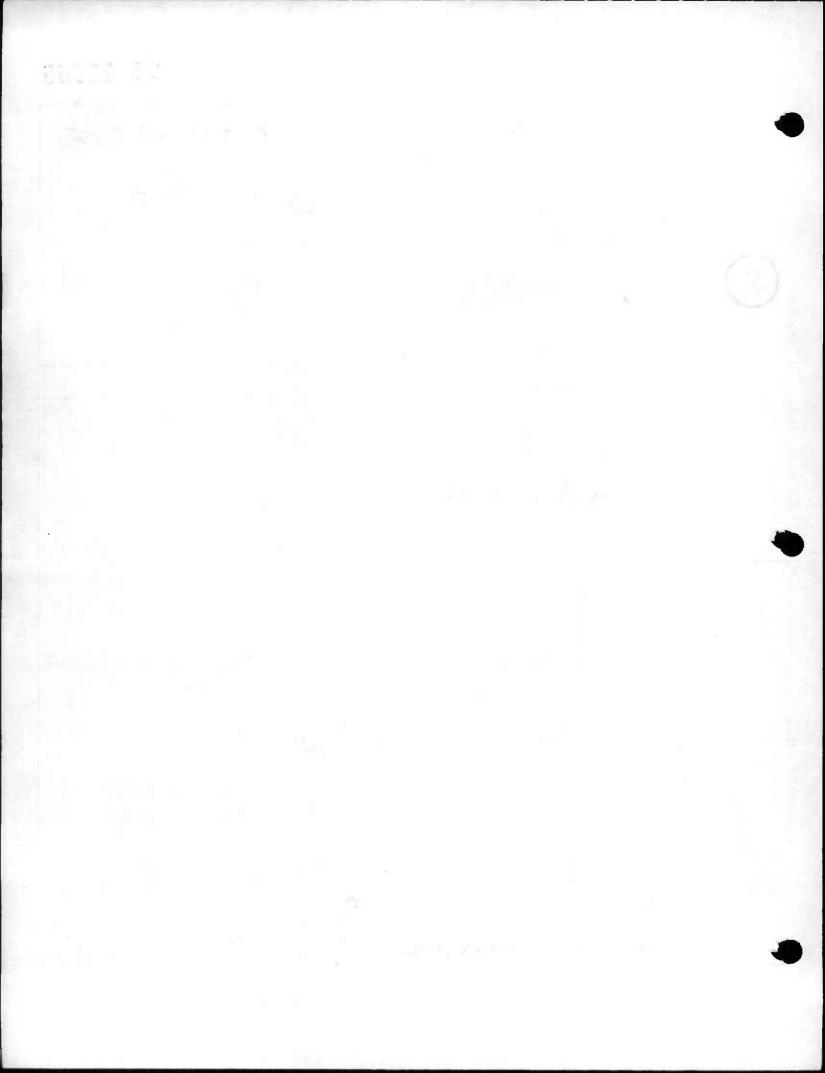
BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Cours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumadic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



BALTIMORE, MARYLAND

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALLIMORE, MARYLAND	ORE, N	MARYLA	Z
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within carrours after death. Page 6 may be retained by the hos	e 6 may be	retained by the	в Ро
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach	ector, page :	5 should be de	etach
be filed wirthin 72 hours after death with the State Dept, of Health and Mental Hygiene pnor to burial, cremation, or removal.			
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	must be n	offfied at o	nce.

FOR	CTATE OF MADVI AND /	DEDADTIAE	NT OF HE		ACNITAL INVOIC		28956
1 - STATE REGISTRAR	STATE OF MARYLAND /	ERTIFICA			MENIAL HYGIE REG. N		
1. DECEDENT'S NAME (First, Middle, Last)	20111	01	. —		2. DATE OF DEATH	DAY Y	3. TIME OF DEATH
DOHN	PAUL	CLIN			10		90 1:05 PM
236-22-5741	6. SEX 6. AGE (In yrs. las.	YRS. MONT	HS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 10/2/1	895	BIRTNPLACE (State or Foreign Country) Berkeley
9a. FACILITY NAME (If not institution, give street Clearview Nursi		1		nsport	ATN	Wash	ington
Clearview Nursi RESIDENCE OF DECEDENT 100. STATE WV. Berk	eley	10c. CITY, TOW Inwo	ON OR LOCATIO	N			10d. INSIDE CITY LIMITS? 1 YES 2 NHO
10e. STREET AND NUMBER 11. MARITAL STATUS			100	5428			N OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 XWildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 I IF YES, GIVE WAR OR DATES			fy Cuban, Mexican	IC ORIGIN? (Specify n, Puerto Rican, atc.)		Black, Whita, atc. Specify: White
Specify only highest grade of Elementery/Secondary (0-12) Elementery/Secondary (0-12) Elementery/Secondary (0-12) 17. FATNER'S NAME (First, Middle, Last)	College (1-4 or 5+)	CEDENT'S USUA the kind of work do Do NOT use retire chanis	one during most ed.)	of working	7.W W. 1850	on Rai	
17. FATNER'S NAME (First, Middle, Last) Samuel S. Cli	ne				ME (First, Middle, Melo Stewa)	len Sumame)	
190. INFORMANT'S NAME (Type/Print) Mrs. Charles Wy	ndham				treet Ma		burg, WV254
20a. METNOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	ral from State 20b. PLACE other pla	of DISPOSITION	(Name of came	any cramatory or	20c.	LOCATION — CH	
21. SIGNATURE OF FUNERAL SERVICE LICE			22. NEWOCH	ades a fin	Funei	cal Ho	me urg, WV.2540
IMMEDIATE CAUSE (Final	implications that caused the de ist only one cause on each line	eath. Do not er	nter the mode	of dylng, such	h as cardiac or re	apiratory scree	t, Approximats Interval Between Onset and Deatl
disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSECUTION OF THE CONSE	OUENCE OF):	le fen	Andre Sur	lost		24 france
O feety	contributing to death but not a fundament for fundament for fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament for the fundament forecast for the fundament for the fundament for the fundament for t		Den	cause given in	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		HEB	CE OF DEATN (Ch			
27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatient 3 28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJUI WOR	RY AT	8 Other (Specify) 28d. DESCRIBE HO	W INJURY OCCU	RED
2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide determined	28a. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street,			26f. LOCATION (Str. City or Town, St		Rural Route Number,
S onel	IAN: To the best of my knowledge, de						
29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND ADDRESS OF PERSON WHO	Is though 1	9		29c. LICENSE NUI	ABER	29d, DATE :	SIGNED (Month, Day, Year)

Julia Davidson Randell

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year)
OCT 2 2 1990

burs after death. Page 6 may be retained by the hospital or attending physician. In by the funeral director, page 5 should be retained for use as the burial-transit permit. Pages 1, 2, 3 should

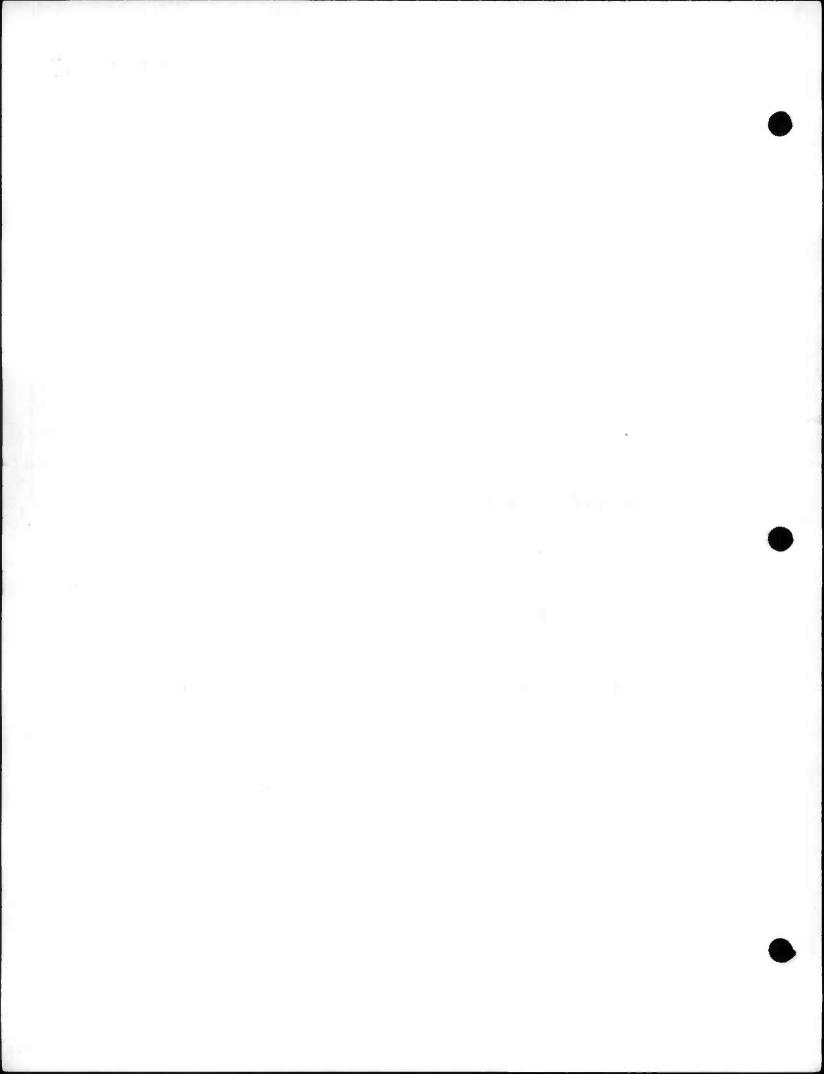
BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mounts after death. Page 6 may be retained TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shown to filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified.

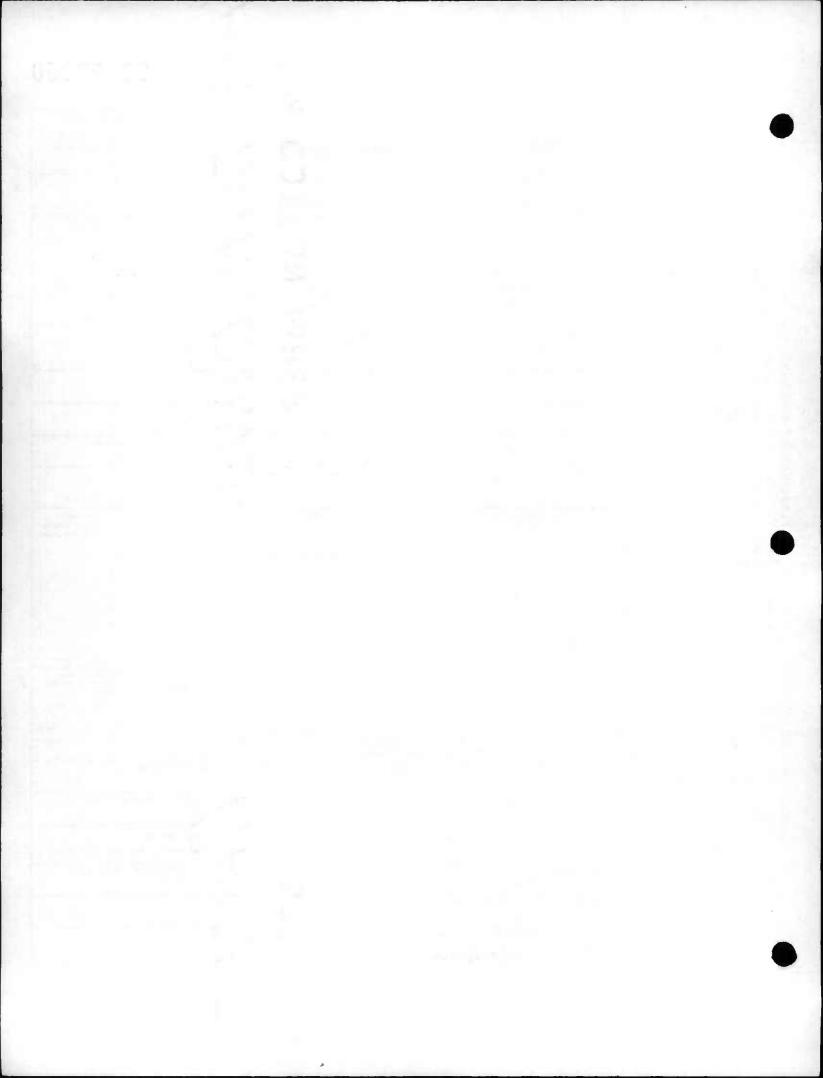
1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFIC	IENT OF H	EALTH AND DEATH		HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, Li Dichiera, Fra					2. DATE OF MONTH 10-(DEATH DAY	YEAR	3. TIME OF DEATH 9:00 a M	
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, E		8. BIRTH Countr	PLACE (State or Foreign y)	
9a. FACILITY NAME (If not institution, g suburban Hos	pital	96	CITY, TOWN O	VN OR LOCATION OF CEATH 9c. COUNTY OF CEATH Montgomery					
Md. Md.			own or locat					10d. INSIDE CITY LIMITS? 1 YES 2 NO	
100. STREET AND NUMBER 4830 Chevy C	hase Drv.			. ZIP CODE 2 0 8 1 5	10g. C	ITIZEN OF V	VHAT COUNTRY?		
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	Never Merried 2 Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES				ANIC ORIGIN? (can, Puerto Ric city:	Specify Yea or No-		E — American Indian, k, Whita, atc.	
15. OECEOENT'S (Specify only highest of Elementary/Secondary (0-12)	EDUCATION rade completed) College (1-4 or 5+)	16a. OECEDENT'S USI (Give kind of work life. Do NOT use re	done during mo	DN at of working	16b. K	IND OF BUSINESS/I	NDUSTRY		
17. FATHER'S NAME (First, Middle, Last				16. MOTHER'S	NAME (First, Mid	idle, Malden Surname)		
190. INFORMANT'S NAME (Type/Print) Mary Dichier		4830	Chevy	Chase	e Drv.		Chas	se,Md.208	
20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 4 Donatton 5 Owner (Specify) 21. SIGNATURE OF FUNERAL SERVICE	Ramoval from Stata	Ob. PLACE OF OISPOSITION (Control place)		netery, crematory of		20c. LOCATION	— City or To	wn, State	
In Mu	Allberte	10-19-90				rd. Bal	lto.	Mđ.	
IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if eny, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Acut of Due to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out to (or As out t	A CONSEQUENCE OF	distraction de Sp.	eto Pe o, Sir	frote	and So	ie ly	Interval Betweer Onset and Death	
PART II. Other algorificent cond	itions contributing to death		the underlyin	g cause given		44. WAS AN AUTOPS PERFORMED?	37 24	D. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF CEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 VES 2 NO	HOSPITAL: 1 Inputlent 2 ER/O		THER:	LACE OF OEATH		(Specify)			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1							OCCURED		
3 Suicide 6 Could not be 4 Homicide detarmined						ION (Street and Num Town, State)	ber or Rural	Route Number,	
one)	HYSICIAN: To the best of my kn MINER: On the basis of axamine							(a) and manner as stated.	
296. SIGNATURE AND TOKE OF CER	111116	reco	7	DZ OZ	NUMBER	29d. f	ATE SIGNE	D (Month, Day, Year)	
AVOOS M	MESBK	1HI. M.1)	int) 1	1/500.	old · (sergetai	on R	15.90.	
10 / (TOTE) (9)19	32. REGISTRAR'S SI	GNATURE TOURS	10						



DIVISION OF VITAL MECCHES, P.O. BOX 13149, BALLIMORE, MARYLAND 27203-3146	O THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the teath of the teath of the teath of the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the mandow process of the formal and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Meille American Poly to burial, cremation, or removal.	MPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic, event, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORI	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that	TO THE FUNERAL DIRECTOR: After this certificate has been signed by be filed within 72 hours after death with the State Dept. of Health an	IMPORTANT: It item 28 is marked, or item 23 shows any	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

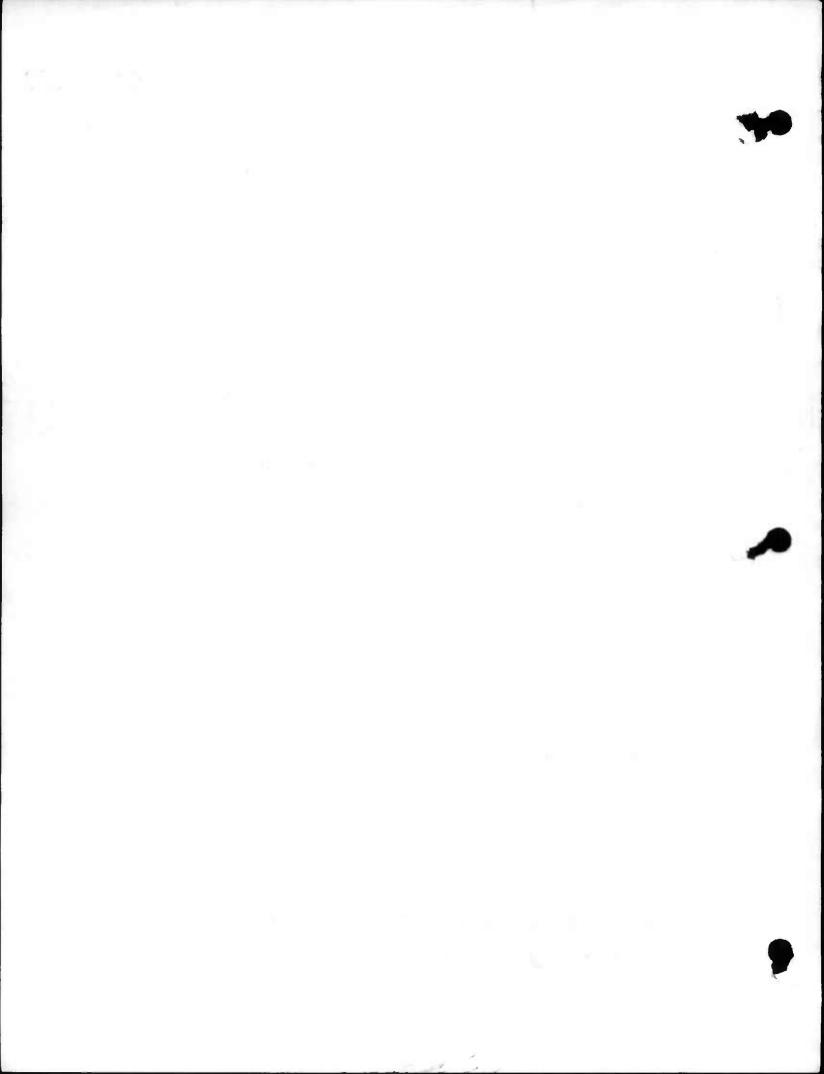
	1. DECEDENT'S NAME (First,	Alicidia Lant)							-		EG. 140.			
	THE PARTY OF THE PARTY OF									2. DATE OF D	DA		YEAR	TIME OF DEATH
	Rose B. Doy									10	20)	90	10:15 a
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER		-	R 24 HRS.	7. DATE OF B			8. BIRTHPLA	CE (State or Foreign
	323-56-0694		1 🗌 M 2 💢 F	90	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day 4-10-		n I	Country) Illi	nois
	9e. FACILITY NAME (If not in		treat and number)			ah CITT	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH							
or I		Charlestown Care Center								AIN				1
Ö			Center				Cato	nsvi	lle			Balt	imore	
DIRECTOR	RESIDENCE OF DEC	10b. COUNT	,		40.00	Y, TOWN (
8													104	I. INSIDE CITY LIMITS?
	Maryland	Balt	imore		Ca	atons	svil	le					1[YES 2XX NO
A	10e. STREET AND NUMBER						10	. ZIP COD	E			10g. CITI	ZEN OF WHA	COUNTRY?
6	707 Maiden	Chaice	Lane.	207				2	1228			T1	.S.A.	
FUNERAL	11. MARITAL STATUS	0020		T EVER IN U.S. AR	MED	13	WAS DEC	-		IIC ORIGIN? (Sp	secify Vee			American Indian.
립	1 Never Married 2	Married	FORCES?	YES 2 N			If yes, sp	ecify Cub	en, Mexica	n, Puerto Rican		U 110—	Black, W	hite, etc.
BY	3 ♥ Widowed 4 □ Divo	1 Never Married 2 Merried 3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES					1 TYES	2 XNO	Specify	r:			Specify:	
	46 060	EDENT'S EDU	CATION						-				_	hite
2	(Specify only	highest grade	completed)	188. DE	Ve kind of I Do NOT us	work done	during me	est of work	Ing	16b. KINI	D OF BUS	INESS/IND	USTRY	
۳ ا	Elementary/Secondary (0	-12)	College (1-4 or 5	+)										
4	12th grade			Se	ecret	ary,	Hou	sewi	fe					
COMPLETED	17. FATHER'S NAME (First, M	iddle, Last)						16. MO1	HER'S NA	ME (First, Middle	a, Melden	Sumame)		
	Steven Gren	nan						An	na Ul	NKNOWN				
BE	19a. INFORMANT'S NAME (7	ype/Print)		198	b. MAILING	ADDRES	S (Street i			Route Number, C	alty or Town	n. State. Zip	Code)	
2	Frederick D	ovle								e McLe				
				20b. PLACE							_			
	20a. METHOD OF DISPOSITI	n 3 X Rem	oval from State	other of	ece)								City or Town,	
	4 Donation 8 Other			_ St.	Loui						Lou:	isvil	le, K	Y
	21. SIGNATURE OF FUNERA	L SERVICE LI	ENGEE			22.	NAME A	ND ADDR	SS OF FA	cury ral Hon	-	Tmo		
	N 20 4	1	21	-							-		100	01000
	XIIIII	2012	eren	200						Ave.				
	23. PART L Enter the d	aart failure.	List only one ca	it caused the da	ath. Do i	not antai	tha mo	ode of dy	ring, suc	h as cardisc	or reapl	ratory srr	est,	Approximate Interval Between
	IMMEDIATE CAUSE (FIR	al												Onset and Death
	disease or condition		m		-1	ence Op:								
	resulting in death)	•	S. DUE TO	OR AS A CONSEC	DUENCE O	P:	0	-u	COP					
_1				(511715 / 55110-1		.,.								
CERTIFICATION	Sequentially list conditi	ons,	b	(OR AS A CONSEC	NIENCE O	NCE OF:								
A	If eny, leading to imme- cause, Enter UNDERLY			(57,710,710,710,710,710,710,710,710,710,71		. ,.								i
12	CAUSE (Disease or inju		C	(OR AS A CONSEC	WIENCE O	NCE OF):								
Ē	that initiated events resulting in death) LAS	T .	502 10	(ON AS A CONSEC	JOENGE O									
5			d											
	PART II. Other significa	nt condition	s contributing to	death but not r	esultina	in the u	ndarivin	C COUISO	alven in	Part I 24s	. WAS AN	AITTOREY	246 WE	RE AUTOPSY FINDINGS
AEDICAL					coorting		ruatiyii.	y cause	given in	13011.	PERFOR		AVA	AILABLE PRIOR TO
ă										10	YES 2	₩ NO		MPLETION OF CAUSE DEATH?
W													1 [YES 2 NO
-														
X	25. WAS CASE REFERRED T	O MEDICAL					26. P	LACE OF	DEATH (Ch	eck only one)				
5	EXAMINER?		HOSPITAL:	Tenio a di Ta		OTHE	R:				eri inci			
PHYSICIAN	27. MANNER OF DEATH			ER/Outpatient 3			_		lesidence	6 Other (Sp				
T		Pending	28a. DATE Of (Month, i	Day, Year)	285. TIM	JURY	W	JURY AT DRK?		28d. DEŞCRIE	BE HOW II	NJURY OCI	CURED	
B		investigation				M	1 🗆	YES 2	□ NO					
		me, farm,	street, fac	tory, offic	:0		281. LOCATIO	N (Street a	nd Number	or Rural Rout	Number,			
W	4 Homicide determined									City of io	wii, Stetely			
Ш	29a. CERTIFIER	TIEVINO BUVO	OLANI, T. d								Auriera mary			
A P	anal anny		ICIAN: To the best o											
COMPLET	2 L MED	ICAL EXAMINE	:H: On the basie of	examination end/or	Investigation	on, in my	opinion,	death occu	red at the	time, date and	place, an	d due to th	e cause(a) an	d manner as stated.
E E	29b. SIGNATURE AND TITLE	OF CERTIFIE	R						ENSE NUI			29d. DAT	E SIGNED (Me	onth, Day, Year)
00	5/1	1	and					103	40	53		1	0/2/	190
2	30. NAME AND ADDRESS OF	F PERSON WN	O COMPLETED CAL	ISE OF DEATH (ITE	M 27) (Type	, Print)								
	600	Anni	ebaab	n Ka		//	m	0 .6	10	Charle	(on .	, 21	220
	31. DATE FILED (Month, Day,	Mark .				11		- / 0		6-1-1		/		8
	OOT A A	100)	JZ. HEGISTR	AR'S SIGNATURE										
	1 11:11 22 10	1911 9	une Davidso	N-Hando D2										



	age		ě
	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete. Ted in by the funeral director, page 1		IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be r
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	Sign	Hea	DWS
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	has	Dep Dep	123
	cate	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremeno, or removal.	iten
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	REGISTRAR		С	ERTIF	ICATE	OF	DEATH		REG. NO.			
	1. OECEDENT'S NAME (First, Middle, Last)							2. DATE OF	DEATH		11/20	3. TIME OF DEATH
	Virginia		Dabn	ev				Octob	or 1		YEAR	9:37 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le		IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE OF		0, 15		PLACE (State or Foreign
	219-10-0617	1 M 2 F	78	YRS.	MONTHS	DAYS	HOURS MIN.	(Month, C			Countr	MD
	9a. FACILITY NAME (If not institution, give sti	reet and number)	,,,		9b. CITY	TOWN	OR LOCATION OF DE					
E E	Maryland General Hospital				Bal	time	ore City					
5	RESIDENCE OF DECEDENT						020 0207					
Ä	10a, STATE 10b. COUNTY				l '							10d. INSIDE CITY LIMITS?
FUNERAL DIRECTOR	MD			BALTIMORE, CITY						YX YES 2 NO		
AL	10e. STREET AND NUMBER		100	d	2.2	101	, ZIP CODE			10g. CITI	ZEN OF W	VHAT COUNTRY?
EB	611 PARK AVE.	APT-6	03/00	de I	3 2		2120)1			US	S A
5	11. MARITAL STATUS	T EVER IN U.S. A	/ER IN U.S./ARMED 13. WAS DECEI			ENDENT OF HISPAN			or No-	14. RACE	— American Indian, r, White, etc.	
ВУГ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES	740			2 NO Specify		in, etc.,		Speci	
			Town 5				^					DLACK
三	15. DECEDENT'S EDUC (Specify only highest grade	completed)		Give kind of te. Do NOT u	work done	during mo	ON ist of working	16b. K	ND OF BUS	SINESS/IND	USTRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5 +	1	HOUS		PIN	IG	TINT	TON	MENG) T T A	T TOCK
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA				JKIA	L HOSP.
		ABNEY					VIRG			,		
H	19a. INFORMANT'S NAME (Type/Print)	ADILL		10h P4 A74 10.	ADDOCCO	0 /04					Carter C	1 100
2	BETTY HAMILT	ON		611	DADNES	I Service of	IF ADT 4	CO 2 D	() I T T	M O D D	COGO) (ode 132 D. 21201
		UN					metery, crematory or	103-B	_	CATION —		
	20th METHOD OF DISPOSITION 1			place)								
	4 Donation 5 Other (Specify)	BUTU			PK. CEN		TARE	RBUTUS , MD				
	- Ulmema (old.			W	M.C	. MARCH	f F.H	. 11	.01 E	E. N	IORTH AVE.
	23. PART I. Enter the diseases, or c				not antar	tha mo	oda of dying, suc	h as cardia	C Dr respi	ratory arr	rest,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel											Onset and Death
	disease or condition Carcinoma of the Colon with metastasis											
	oue to (or as a consequence of):											
z	Chronic Renal Failure										ļ	
10	Sequentially flat conditions, If any, leading to immediate											
CA	Cause. Enter UNDERLYING CAUSE (Disease or Injury											
TIF	that initiated events DUE TO (OR AS A CONSEQUENCE OF):											
ËR	resulting in deeth) LAST											
EDICAL CERTIFICATION	PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERI										. WERE AUTOPSY FINDINGS	
SA									PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED									☐ YES 2	X NO		OF DEATH? 1 YES 2 NO
Σ								-				1 123 2 100
AN	25. WAS CASE REFERRED TO MEDICAL			-	_	28. P	LACE OF OEATH (Ch	eck only one)			-	
PHYSICIAN: MI	EXAMINER? 1 YES 2 NO	HOSPITAL:	FR/Outpetlant	3 □ DOA	OTHE	R:	na 5 🗆 Rasidence		Panalli I			
H	27, MANNER OF GEATH	28a. DATE OF		28b. TII			JURY AT			NJURY OC	CUREO	
	1 Natural 5 Pending	(Month, E	lay, Year)		JURY M	W	ORK? YES 2 NO	5500000000				
BY	2 Accident Investigation	28e. PLACE C	F INJURY — At	home, ferm.	street, fac			261, LOCAT	ION /Street	and Number	r or Rumi	Route Number,
6	3 Suicide 6 Could not be 4 Homicide datarmined	building,	etc. (Specify)	Tracting Tearting		tory, orni	-		Town, State,		or Horar	TOOLO PLANTON,
Ē	29a. CERTIFIER											
APL	(Check only 1 K) CERTIFYING PHYSI											
COMPLETED	2 MEDICAL EXAMINE	R: On the basis of a	xamination and/o	or investigati	on, in my	opinion,	death occured at the	tima, data a	nd place, ar	nd dua to th	he cause(a) and manner as stated,
BE (296. BIGHATURE AND TITLE OF EERTIFIER						29c. LICENSE NUI	MBER		29d. DAT	E SIGNED	(Month, Diny, Year)
	(1/11)	and a	ercu m	7			N/A				10	117/90
5	36. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAU	SE OF DEATH (IT	TEM 27) (Typ	e, Print)					=		
	Eloy A. Ruiz-	-Calderor	M.D.	c/	o Mar	ryla	nd Genera	al Hos	spita	1		
	31. DATE FILED (Month, Day, Year)		R'S SIGNATURE									
	OCT 22 133U June musecon-nondelle											
	DEEL S & TOU	yunu m	missour-No	undell								

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JALTIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed which the man math. Page 6 may be retained by the hospital properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the p	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the filed within 72 hours after death with the State Dept. of Health and Mental Hogiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	1	pletely filled in by cremation, or rem	rent, the medic
OX 1314	te be executed	sician and com prior to burial.	traumatic en
P.O. B	death certifical	ental Hygiene	iry, or other
DIVISION OF VITAL RECORDS, P.O. BOX 13146	equires that the	of Health and M	hows any injury, or o
VITAL B	IAN: The law ru	rtificate has been see State Deot.	or item 23 s
ON OF	NDING PHYSIC	: After this ce	is marked,
DIVIS	HOSPITAL OR ATTE	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the the within 72 hours after death with the State Deat; of Health and Mental Hydiene prior to burial, cremation, or removal,	TANT: If Item 28
	THE	TO THE	IMPO

	FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT				GIENE (90	28960	
	1. DECEDENT'S NAME (First, Middle, Last Roger					2. DATE OF DEA		990 7	: 20 pm. M	
	4. SOCIAL SECURITY NUMBER 216-58-4138	5. SEX 6. AGE (In yrs. less	YRS. MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.		7,1952	Mary Mary	yland	
OR	99. FACILITY NAME (If not institution, give Franklin Squa			tim	R LOCATION OF DE	EATH	10.00	Baltimore		
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUN		10c. CITY, TOWN		ION			10d. INSIDI		
FUNERAL D	10e. STREET AND NUMBER	altimore	Dunda.		ZIP CODE		10g. CIT	1 ☐ YES 2 🔀 NO 10g. CITIZEN OF WHAT COUNTRY?		
剪	2613 Yorkway				212			U.S.Z	Α.	
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	Never Merried 2 Married FORCES? 1 YES 2 NO			ENDENT OF HISPAN city Cuban, Mexica 2 NO Specify	n, Puarto Rican, e		a or No— 14. RACE — American Indian Black, White, etc. Specify: White		
LETED	15. DECEDENT'S ET (Specify only highest gra Elementary/Secondary (0-12)	ive kind of work done Do NOT use retired.)								
COMPL	17. FATHER'S NAME (First, Middle, Last)	T _V	lachine	Upe	18. MOTHER'S NA		dustri	aı		
		Dickens, Sr.				vce		Litt	1.	
BE	19e. INFORMANT'S NAME (Type/Print)		b. MAILING ADDRES	S (Street a)					re	
2	William R. Dic	ckens. Sr. 7	7044 Be	lcla	re Rd.	Balto	ъ. М.	2.	1222	
	20a. METHOD OF DISPOSITION	20b. PLACE	OF DISPOSITION (N				0c. LOCATION —			
	1 Donetion 5 Other (Specify)	omoval from State other pla Holl	y Hill	Mem	orial 1	Park	Baltim	ore.	Md.	
	21. SIGNATURE OF FUNERAL SERVICE		22.	. NAME AN	D ADDRESS OF FA	CILITY				
	+ Holand	Mark		Brad	ley - i	Ashton	Funer	al Ho	ome, Inc. 21222	
	shock, or heart feilun IMMEDIATE CAUSE (Final	r complications that ceused the de e. List only one ceuse on each line	ath. Do not ente	r tha mod	da of dying, suc	h as cardiec or			Approximata interval Between Onaet and Death	
	disease or condition resulting in death) Immu noblastic Lymphoma - Dissenimated									
	DUE TO (OR AS A CONSEQUENCE OF):									
ATION	Sequentially list conditions, If any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents resulting in daeth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION										
MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF									
: ME						_			1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one)				
Sic	1 VES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	DOA 4 Nu		e 5 🗆 Residence	6 Other (Spec	(fy)			
Ě	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJ	URY AT	28d. DEŞCRIBE	HOW INJURY OC	CURED		
BY F	1 Netural 5 Pending 2 Accident investigation		M		rES 2 NO					
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At ho building, etc. (Specify)	ome, farm, street, fa	ctory, office		281. LOCATION City or Town	(Street and Number, State)	ir or Rural Ro	ute Number,	
COMPLETED	000)	YSICIAN: To the best of my knowledge, de INER: On the beste of examination end/or							and manner se stated.	
EC	29b. SIGNATURE AND TITLE OF CERTIF	TER			29c. LICENSE NU	MBER	29d. DA	TE SIGNED (Month, Day, Year)	
0	thocore	MD.			N	/A	•	10/1	9/90	
2	30. NAME AND ADDRESS OF PERSON	who completed cause of Death (ITE		e Dr			Marvla			
	31. DATE FILED (Mon CT 2 2	M.D., 9000 Frankl	- Andell	5 51		,				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

90 20001

	- STATE REGISTRAR	OIMIL OF III			F DEATH	REG. I	NO.	20	2096) [
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF OEATH	\neg	
	Billy E	. Epps	Sr.			10 19	DAY 190	YEAR	6:00 P.	м	
1	4. SOCIAL SECURITY NUMBER		8. AGE (In yrs. lest birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign	7	
- 1	228 27 5020	1 M 2 F	62 YRS.	MONTHS DAY	S HOURS MIN.	(Month, Day, Year 2/5/28)	Country			
- 1	238-34-5979 9a. FACILITY NAME (If not institution, give str	net and number)	02	96. CITY TOW	N OR LOCATION OF DI		ac coll	NTY OF O	h Carolin	1a_	
r							70.000				
2	Good Samaritan Hospital Raltimore										
<u>ا</u> ي	10a. STATE 10b. COUNTY										
DIRECTOR	Maryland -		Pe	ltimor					LIMITS?		
9	10e. STREET AND NUMBER		Da		101. ZIP CODE		10g. CIT	IZEN OF W	/HAT COUNTRY?	\neg	
2	1004 Dumbantan	-n.1			010	1.1				- 1	
ŽΙ	108A Dunbarton		EVER IN U.S. ARMED	13 WAS (212 DECENDENT OF HISPAI		Vee or No	IL.S.	A American Indian,	-	
BY FUNEHAL	1 Never Married 2 Married	FORCES? 1	YES 2 NO	If yea,	apecify Cuban, Maxica	in, Puarto Rican, atc.		Black	, White, atc.	1	
מ	IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify: 1 YES 2 NO Specify:									- 1	
ا ۾	15. DECEDENT'S EDUC	ATION 40	16a. OECEDENT'S	USUAL OCCUP	ATION	16b. KIND OF	BUSINESS/IND		hite	\dashv	
<u> </u>	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5 +)	Ille Do MOT us	vork done during se retired.)	most of working					- 1	
Z		Conege (I-4 or 5 F)		ept. C	hđ o Đ	Do 41	1 . 1	Ch -	2	_	
COMPLEIED	12 yrs		Trite	EDL. C		ME (First, Middle, Mai	1ehem	STEE	• [\dashv	
监	William O. Epps 190. INFORMANT'S NAME (Type/Print)		10h MAII ING	ADDRESS /Cha	et and Number or Rural	June McAl				-	
2			20100000					outer.	_		
- 1	Mrs. Betty Ep	ps	20b. PLACE OF DISPOS		ton Rd. Ba		LOCATION	2121	· .	\dashv	
	1 □ Burlai 2 Cremation 3 □ Ramo	oval from Stata	other place)			200	LOCATION	City or 10	WII, STETE		
	4 □ Donation 5 □ Other (Specify) Green Mount Crematory Balto Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									-	
	11. 0 4						timore	Ma	. 21211		
	Jan L. E.	baugh)	A.	8 Roland Alan Seit:	z. Jr. Fu	neral	Home	. 21211		
	23. PART I. Enter the diseases, or c	omplications that	caused the desth. Do	not antar tha	moda of dying, suc	ch as cardiac or re	spiratory ar	rest,	Approximate		
	shock, or heart feilure. L	list only one caus	e on each lina.						Onset and De		
	diagona or condition	CArdio	1manaare A.						374117555757		
	reaulting in death)	DUE TO	oulmonary Ar	rest F):					l hr.	\dashv	
.		Renal I								- 1	
5	Sequentieily liet conditions,		OR AS A CONSEQUENCE O	F):					years	-	
<u> </u>	If any, leading to immediate cause. Enter UNDERLYING	Sepsis							3 days	. [
CERTIFICATION	CAUSE (Disease or injury that initiated events		OR AS A CONSEQUENCE O	F):					J days		
	resulting in death) LAST	Anyloic	losis						years	- 1	
									1 2	=	
S S	PART II. Other significent conditions	s contributing to	death but not reaulting	in the underl	ying ceuse given in		AN AUTOPSY FORMED?	24b	. WERE AUTOPSY FINDIP AMAILABLE PRIOR TO	17.500	
5						1 🗆 YE	8 2 NO		COMPLETION OF CAUS OF DEATH?	BE	
ME									1 TYES 2 NO		
z											
Y	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HODDITAL			B. PLACE OF DEATH (C	heck only one)					
S	1 TES 2 NO	HOSPITAL:	ER/Outpatient 3 DOA	OTHER:	Home 5 🗆 Raaldenca	6 Other (Specify)				- 1	
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF (Month, Da	INJURY 26b. TIM	IE OF 28c.	INJURY AT WORK?	28d. DESCRIBE HO	OW INJURY OC	CURED			
ВУ	1 Natural 5 Pending 2 Accident triveatigation	(,,		YES 2 NO						
	3 Suicide 8 Could not be	28e. PLACE Of	F INJURY — At home, ferm, etc. (Specify)	street, factory,	office	281. LOCATION (St		or Rural	Route Number,	\neg	
COMPLETED	4 Homicide datarmined	ounding,	atte (Specify)			City or Town, S	tato)				
	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the heet of	my knowledge, death occur	ad at the time	data and place, and duri	a to the neurole) and	manner as els	dad			
M	each only								a) and menner se state	d.	
	2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner se stated.										
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	-0000			29c. LICENSE NU	IMBEH			(Month, Day, Year)		
0	20 NAME AND ADDRESS OF REPORT WITH	O COMPATED O	E OF BEATH ATTEN ATT	Dulati			1	0/22	/ 90	_	
	30. NAME AND ADDRESS OF PERSON WHO				-						
- 1	Wail Assy Good	samartar	Hospital R	esiden:	C .						
1		20 00000	DID CLONIATURE								
	22/1990 4		R'S SIGNATURE								

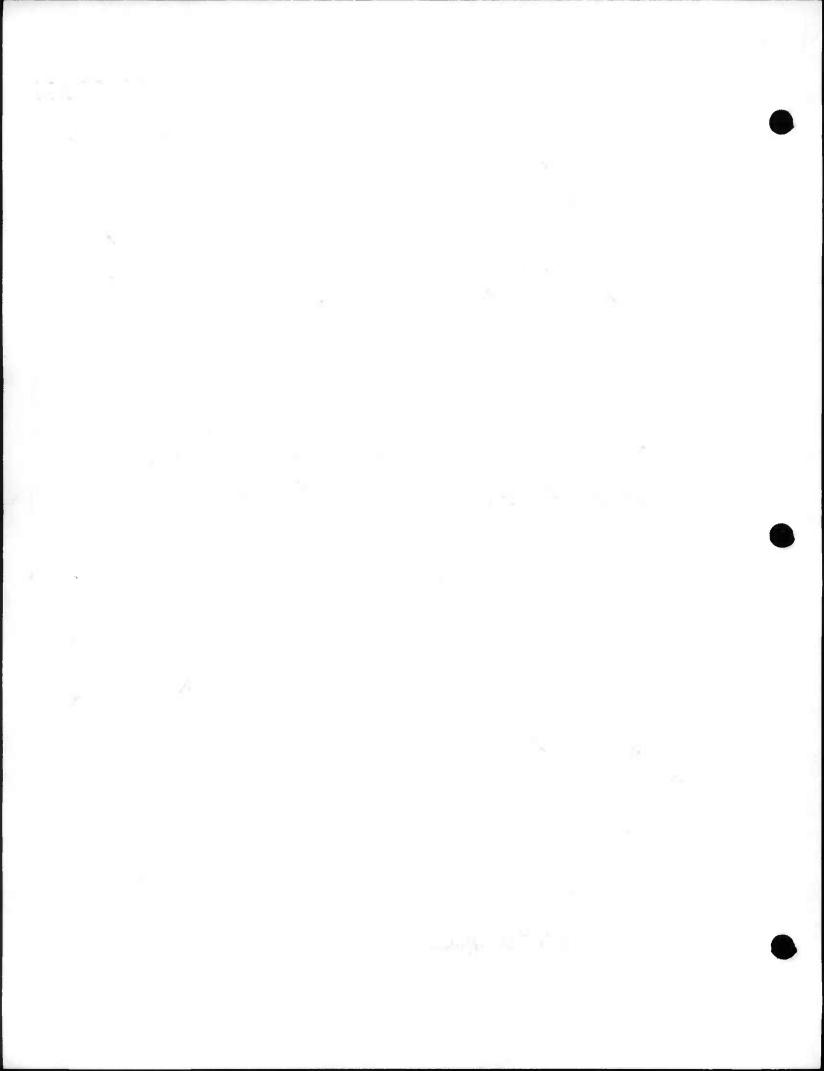
BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FINEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the timeral director, page 5 should be detached for use as the bunda-transit permit. If be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89



OHOO SO OF	DE COMPLETED DY DUYCECIAN. MEDICAL DEDICAL
al. examiner must be notified at once.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
e funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 amount be distanced.
r death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 23.
מברוווים ליו שליו בלווים	DIVISION OF WINDLANDS, T.C. DOX 10130

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTM				HYGIENI REG. NO.	9	0 2	28962
	1. DECEDENT'S NAME (First, Middle, Last) Harry B. F	ewster				2. DATE OF	DEATH	990 YE	3. T	IME OF DEATH
	4. SOCIAL SECURITY NUMBER 214-20-8910 9a. FACILITY NAME (If not institution, give str	5. SEX 6. AGE (/	78. MON		IF UNDER 24 HRS, HOURS MIN. R LOCATION OF DE	7. DATE OF (Month, 1)	BIRTH	6. (Country)	E (State or Foreign
5	327 Elinor AVG		E	Baltin	ore			Baltimore		
HECTOR	10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCAT	ON			10d. INSIDE CITY LIMITS?		
5	Md. E	Baltimore	Bal	timor				1 TYES 2 NO		
FUNERAL	327 Elinor Av	7e .			ZIP CODE 21236			U.S.A.		
BT FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	Never Married 2 Married FORCES? 1 YES 2 NO			ENDENT OF HISPAN city Cuban, Maxicar 2 NO Specify.	n, Puerto Ric				
И	15. OECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	15. OECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUA (Give kind of work of the Only two entitles On NOT) was entitled.				16b. K	IND OF BUS	INESS/INDUST	RY	
COMPLE	12th		Electri	cian			Conr			
	17. FATHER'S NAME (First, Middle, Last) Leonard Fewste	יינ			18. MOTHER'S NAM			,		
2 2	19a. INFORMANT'S NAME (Type/Print)	Marie Seuberth ORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
۱ ٔ	Mrs. Esther Fewster 327 Elinor Ave									
	20a. METHOO OF DISPOSITION 1 M Burtal 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	etery, crematory or al Gar	dens		Bel A		, Md.			
	21, SIGNATURE OF FUNERAL SERVICE LIC	INSEE			D ADDRESS OF FAC		777			
	23. PART I. Enter the diseases or c	Milen		7527	ley Mi.	rd Ro	rune 1. Ra	eral i	10me	21.234
	23. PART I. Enter the dissesses_or c shock, or heert feliure. I IMMEDIATE CAUSE (Finel dissesse or condition resulting in deeth)	List only one couse on e	ach ilne.				ec or reapl	ratory arrest		Approximate interval Batween Onset and Death
RIFICATION	Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENCE OF): DOUBTO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):									
E L	reaulting in desth) LAST	1								
BY PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given						PERFOR	MED?	CON	RE AUTOPSY FINDINGS ILABLE PRIOR TO APLETION OF CAUSE DEATH? YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Che	eck only one)				
2	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Outp		HER: Nursing Hom	5 Realdenca	6 Other	(Specify)			
	27. MANNER OF BEATH 1 Natural 5 Pending	26a. OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	WO	RK?	28d. OEŞC	RIBE HOW II	NJURY OCCUR	EO	
	1 Natural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be determined 4 Momicide 4 Momicide 6 Could not be determined 7 Momicide 8 Momicide 8 Momicide 8 Momicide 8 Momicide 8 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 Momicide 9 M								Number,	
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O BE C	296. SIGNATURE AND TITLE OF CERTIFIER	Tosesh C.	LIN.M	IN. MD 29c. LICENSE NUM				29d. OATE S	/ .	nth, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WHO	FORD R	4	·more	MI		2/2	34		
	31. DATE OC 4012 2 1990	32. REGISTHAR'S SIGN			2 1990	Juli	a David	son-Agn	delle	

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	1 - STATE REGISTRAR	STATE OF MARYLAND / CE		OF HEALTH AND	MENTAL HYGIEN REG. NO.	9	0 28963					
	1. DECEDENT'S NAME (First, Middle, Lest)	in las	,		2. OATE OF DEATH	YE.						
	MARGUER 4. SOCIAL SECURITY NUMBER 5.		iceTI		10 18	90						
	215-12-1430 1	□ M 2 4 70	YRS. MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	20 "	Country PA					
OR	CANTON NURSING HOME BALTIMORE MD. 90. COUNTY OF DEATH 90. COUNTY OF DEATH 90. COUNTY OF DEATH											
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c. CITY, TOWN O				10d. INSIDE CITY					
	MD,		BALT	imore	MD.		LIMITS?					
FUNERAL	100. STREET AND NUMBER	***		101. ZIP CODE			OF WHAT COUNTRY?					
N.	250 S, EXE	WAS DECEDENT EVER IN U.S. ADI	MED 13. V	MAS DECENDENT OF NISPAI	OZ		RACE — American Indian,					
BY FL	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES 2 PN IF YES, GIVE WAR OR DATES	10	f yes, specify Cuben, Mexico YES 2 DNO Specif	nn, Puerto Rican, etc.)		Black, White, etc. Specify: WHITE					
ED	15. OECEOENT'S EDUCATI (Specify only highest grade con		CEDENT'S USUAL OC	CCUPATION during most of working	16b. KIND OF BUS	INESS/INDUST						
COMPLETED		College (1-4 or 5+)	Do NOT use retired.)		7							
DMF.	17. FATNER'S NAME (First, Middle, Last)		ASHI		ME (First, Middle, Maiden	KIND						
BE C	HARRY Mc	CURDY		IRE	11-	eps						
10	190. INFORMANT'S NAME (Type/Print) IRENE GOLD:	BOROUGH	8063	PARK K	AVEN R	-	BALTO 2/222					
	20a. METHOD OF DISPOSITION Buriel 2	from State 20b. PLACE other pla		me of cemetery, crematory or	NAC = F	SALTE	MD					
	21, BIGNATURE OF FUNERAL SERVICE LICENS	SEE .		NAME AND ADDRESS OF FA		1170.0	1 1429					
	Dad 10	Ol. 1/h.	_	277 5 4	ich st.	But	8: 2/202					
	23. PART I. Enter the diseases, or com	nplications that caused the de	ath. Do not enter				Approximate					
	IMMEDIATE CAUSE (Final	t only Dne ceuse on each line	0	10			interval Between Onset end Deeth					
	disease or condition reculting in death)	Ovarian		icer-n	retusto	lic	Iyeur					
_	DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate											
CA	cause. Enter UNDERLYING CAUSE (Disease or injury	705 77 97 14 1 4 1										
AT I	that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSEC	QUENCE OF):									
CEI	d											
AL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PINDINGS PERFORMED?, MAILABLE PRIOR TO											
EDIC					1 TYES 2	Zeno	COMPLETION OF CAUSE OF DEATH?					
Σ					-		1 YES 2 NO					
AN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (CA	heck only one)							
SIC		OSPITAL: Inpetient 2 ER/Outpetient 3	DOA 4 Num	R: sing Nome 5 - Residence	8 Other (Specify)							
PHYSICIAN: MEDICAL	27. MANUER OF DEATN 1 Natural 5 Pending	N 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OF WORK?										
ВУ	2 Accident Investigation 1 TES 2 NO											
COMPLETED	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Specify)		, c	City or Town, State)	TO THE OF T	with thouse Pullbon,					
PLE		N: To the best of my knowledge, de	eth occurred at the t	ime, data and place, and du	e to the cause(e) and man	nner as stated.						
NOC	(creck drift) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, end due to the cause(e) and manner ee stated.											
BE C	905 SIGNATURE AND TYTES OF CENTIFIER	00 2 112		29c. LICENSE NU		29d. DATE SI	GNED (Month, Day, Year)					
10	James July	COMPLETED CAUSE OF DEATH STEE		D351	10	-10	121190					

D35170 10 Balto

N WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) OF PE DANA S.

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

OCT 2 2 1990

OHMH-16 Rev 1/89

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a ster death. Pie 6 the law requires that the death certificate has been signed by the attending physician and completely lined in by the funeral time to be filed within 27 boars father death with the State Depty of Health and Mental Hygiene prior to burial, companion, or removed.	F MARY LAND 21203-	the hospital or attendi	n a control be detached for use as t	one haddilled of once
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within as after death. To THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely lined in by the funeral be fined within 17 but after death within 17 but and within 17 but and within 17 but and within 17 but and within 17 but and within 17 but and within 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but and 17 but a	2	9	1	3
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely limit be filled within 72 hours after death with the State Dept. Of Health and Mental Hygine prior to burist, cremation, but the property is transported to the modern the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the p	BALIII	's after death. Pa	in by the funeral di	adiesi avamius
	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely limps in by the flue within 72 hours after death with the State Deat of Health and Mental Motiene brider to burial cremation or near	OF REAL WITH A FORM HIS COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF TH

		DEPARTMENT OF HEALTH AND RTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	90 2896						
	1. DECEDENT'S NAME (First, Middle, Last)	7,055	2. DATE OF DEATH MONTH. DAY OCH. 20 19	S. TIME OF DEATH						
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest i	MONTHS DAYS HOURS MIN	(Month, Day, Year) Country)							
	231 24 5994 1□ M 2 🗓 F 63	YRS.	06/04/27 We							
Œ	9e. FACILITY NAME (If not institution, give street end number)	9b. CITY, TOWN OR LOCATION OF D		OF DEATH						
100	Mercy Hospital	Baltimore Cit	у ј							
DIRECTOR	10e. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCATION		10d. INSIDE CITY LIMITS?						
	Maryland Baltimore County	Middle River	10a CITIZED	1 YES 2 X NO						
FUNERAL	22 Maxwell Road	21220		5.A.						
S	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARM 1 Never Merried 2 Merried FORCES? 1 YES 2 No	ED 12 WAS DESCRIPTIVE OF HISPA	NIC ORIGIN? (Specify Yee or No- 14	. RACE — American Indien, Black, White, atc.						
ВУ	1 Never Merried 2 Merried 3 V Widowed 4 Divorced 1 Never Merried 2 Merried FORCES 7 1 YES 2 Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never Never	1 ☐ YES 2 📉 NO Speci		Specify: White						
	15. DECEDENT'S EDUCATION 160. DEC	EDENT'S USUAL OCCUPATION	16b. KINO OF BUSINESS/INDUS							
COMPLETED	(Specify only highest grade completed) (Giv Elemantery/Secondary (0-12) College (1-4 or 5+)	e kind of work done during most of working Do NOT use retired.}								
MP		hine Operator	Bakery							
	17. FATHER'S NAME (First, Middle, Last) Joseph Franklin Lawrence	CVA L	AME (First, Middle, Melden Surname)							
BE		MAILING ADDRESS (Street and Number or Rural	Se Francis Lest Route Number, City or Town, State, Zip Co							
5	Thurman E. Sykes 22	Maxwell Road Balti	more. Maryland 2	1220						
		F DISPOSITION (Name of cemetery, crematory or								
	4 Donestigs 4 Other (Spootly) Crest	Lawn Cemetery 122, NAME AND ADDRESS OF F.	Marriotts	ville. Marylan						
	1 hum ? Sunt ender		ineral Home P.A.							
\vdash	23. PART I. Enter the disease, or complications that caused the dee	1407 Old East	ern Ave BaltoM	aryland 21221						
	ahock, or heart fellure. Liet only one cause on each line.			Interval Between						
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) . Carcinoma of the lung with metastusus 3 month									
	OUE TO (OR AS A CONSEOU	UENCE OF):	8	40 0 11 0 11 7						
NO	Sequentially list conditione, DUE TO (OR AS A CONSEQUENCE OF):									
AT	cause. Enter UNDERLYING									
	CAUSE (Disease or Injury that Initiated eventa resulting in deeth) LAST	UENCE OF):								
CERTIFICATION	d									
AL	PART II. Other eignificant conditions contributing to deeth but not re	eulting in the underlying ceuse given in	Part I. 24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO						
	Chronicohstruct	ive lung diser		COMPLETION OF CAUSE OF DEATH?						
MEDIC				1 TES 2 NO						
AN	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH (C	heck only one)							
SIC	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	OTHER:								
PHYSICIAN:	27. MANNER OF DEATH 28e. OATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. INJURY AT WORK?	28d. DESCRIBE HOW INJURY OCCUP	REO						
B	1 Netural 5 Pending 2 Accident Investigation	M 1 YES 2 NO								
TEO	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home building, etc. (Specify)	ne, term, atreet, tectory, office	28t. LOCATION (Street and Number or City or Town, State)	Rural Route Number,						
COMPLETE	29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, deer	th occurred at the time, date and place, end du	s to the cause(e) end manner as stated.							
NO.	one) 2 MEDICAL EXAMINER: On the basis of examination and/or in	westigation, in my opinion, death occured at the	time, date and place, end due to the c	euse(s) and manner as stated.						
BE	296. SIONATURE AND TITLE OF CERTIFIER	29c, LICENSE NU	MBER 29d. DATE S	IGNED (Month, Day, Year)						
٩	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAME OF DEATH (ITEM	127) (Type, Print)	1770-1	0/20/90						
	Louis E. (Frenz	er M.D. 110	IN. Calvet	St						
	31. DATE FILED (Month, De), 1981) 32. REGISTRAN'S SIGNATURE Filia Davidson-Rand									
ш	11. 167, 1000 grand way ason - Mana	~~ <u>~</u>								

permit. Pages 1, 2, 3 should

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	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zerous after death.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral
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	FOR STATE REGISTRAR	STATE OF MAI			ICATI					HYGIENI REG. NO.	E	90	28965	
	1. DECEDENT'S NAME (First, Middle, Last)	Jennie	May	G	ross	5			2. DATE OF MONTH OCT	DEATH DA	8 19	90 3	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 215-12-1800	5. SEX 8. 1 M 2 F	AGE (In yrs. lest 75	birthday) YRS.	IF UNDER	1 YEAR DAYS	# UNDER	24 HRS. MIN.	7. DATE OF (Month, L	Day, Year)		Country)	Cyland	
E E	90. FACILITY NAME (If not institution, give Inns of Everg.	reen/Nort	hwest				i MO							
5	RESIDENCE OF DECEDENT													
DIRECTOR	Maryland 10b. COUNT	Y		Baltimore Ci					ity				od. INSIDE CITY LIMITS? YES 2 \[\] NO	
FUNERAL	100. STREET AND NUMBER 1100 Bolton	Street, A	Apt. 1	1112 10f. ZIP CODE 2120					01	10g. CITIZEN			T COUNTRY?	
B₫	11. MARITAL STATUS 1 Never Merried 2 Merried XXWidowed 4 Divorced	I IF VES GIVE WAR OR DATES									or No-		American Indian, Vhite, etc. Black	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12th Grade	cation completed) College (1-4 or 5+) 2 Yrs Col	(Gh	a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Nurse					16b, K	Pri			y Nurse	
	17. FATHER'S NAME (First, Middle, Last) Joseph Pra	tt						HER'S NA May	ME (First, Mid Dor		Surname)			
TO BE	190. INFORMANT'S NAME (Type/Print) Yvonne A. Gri	ffith	19b.	MAJLING 303	AODRES	s (Street a	nd Number St	or Rural i	Route Number,	City or Town	n, State, Zip Limol	Code)	MD 21215	
		□ Purisi 2 □ Cremation 3 □ Removal from State other				CE OF DISPOSITION (Name of cometery, crematory or relace) Woodlawn Cemetery						20c. LOCATION — City or Town, State Ty Baltimore County, M.		
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes,														
4	ann D	- /En	400	10		2501	Gw	ynn	s Fal	ls F	kwy,	Bal	Lto., MD	
	23. PART I. Entar the diseases, or shock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in daeth)	List only one cause	on each line.				da of dy	ing, suc	h as cardie	c or reapl	ratory sm	est,	Approximata interval Between Onset and Death	
_		DUE TO (OF	AS A CONSEQ	UENCE O	F):				-					
ATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING													
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	ts DUE TO (OR AS A CONSEQUENCE OF):												
	PART II. Other significant condition	ns contributing to de	ath but not re	sulting	in the u	ndariyin	g cause	given in	Part I. 2	4a. WAS AN			ERE AUTOPSY FINDINGS	
EDICAL	200								_ ,	PERFOR		C	VAILABLE PRIOR TO OMPLETION OF CAUSE IF DEATH?	
PHYSICIAN: MED												1	YES 2 NO	
SIC!	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YOU	HOSPITAL:	R/Outpatient 3	□ DOA	OTHE	R:	- 5		6 C Other (Specify)				
	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	26a. DATE OF IN. (Month, Day,		28b. TIN		28c. INJ WC				RIBE HOW I	NJURY OCC	CURED		
TED BY	2 Accident 3 Suicide 6 Could not be determined	28e. PLACE OF II building, etc	JURY — At her . (Specify)	ne, farm,	street, fac	tory, offic	•		28f. LOCAT City or	ION (Street e Town, State)	end Number	or Rural Rou	rte Number,	
COMPLETED	and a	ICIAN: To the best of my ER: On the basic of exam											and manner as stated.	
BE CC	29b. SIGNATURE AND TITLE OF CERTIFIE							ENSE NUI					Aonth, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON W	10 COMPLETED CAUSE	OF DEATH (ITEM	1 27) (Type	, Print)	201	An es				2.13	1000	~~	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE		7-02	77] (7176		Mn	ديدر ر	212	-17		
	OCT 2 2 1990	Julia David	son-Rand	ملاك										

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 cours after death. Page 6 may be retained by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should to	D Já	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified a
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	90	28966
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	1 - STATE OF MARYLAND A REGISTRAR C	/ DEPARTM			MENTAL HYGIENI REG. NO.	90	28966	
į	1. DECEDENT'S NAME (First, Middle, Last) Genevieve GEQVer				2. DATE OF DEATH	1990	3. TIME OF DEATH	
œ	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 F F 8. AGE (In yrs. lest birthday) 1 M 2 F F 8. AGE (In yrs. lest birthday) 1 M 2 F F 8. AGE (In yrs. lest birthday) 1 M 2 F F 8. AGE (In yrs. lest birthday) 1 M 2 F F 8. AGE (In yrs. lest birthday) 1 M 2 F F MONTHS DAYS HOURS MIN. 96. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF E			HOURS MIN.	7. DATE OF BIRTN (Month, Dey, Year) 2/11/22 8. BIRTNPLACE (State or Foreign Country) Maryland			
5	101 N. Highland Ave.		Balti					
FUNERAL DIRECTOR	Maryland 10b. COUNTY			City			10d. INSIDE CITY LIMITS? 1>XYES 2 NO	
RAL	101 N Highland Ave Bal	to Md.		21224		10g. CITIZEN O	F WHAT COUNTRY?	
BY FUNE	Tot III III III III III III III III III I			ENDENT OF NISPAN	ANIC ORIGIN? (Specify Yss or No— 14. RACE — American Indian, Black, Whits, atc.			
COMPLETED	(Specify only highest grade completed) ((Elementary/Secondary (0-12) College (1-4 or 5 +)	DECEDENT'S USUA (Give kind of work of the Do NOT use reti	done during moi ired.)	at of working	16b. KIND OF BUS		r	
MP	6 years F	Assemb	TA TI		Americ		. CO.	
8	Frank Kucharczyk				Borowa	Surname)		
TO BE					Route Number, City or Town			
٦	TIGET CITE BUTHS				e. Balto Md 21224			
	20a. METNOD OF 01SPOSITION 1	place)	rv Ce	metery crematory or	Bal	toCoun	ity Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lilly & Zeiler, Inc. Funeral Home 1901 Eastern Ave. 212					er, Inc. Ave. 21231		
	23. PART I. Enter the diseases, or complications that caused the disease or condition resulting in death) 23. PART I. Enter the disease, or complications that caused the disease or cause on each line immediate the disease or condition resulting in death) DUE TO (OR AS A CONSI	na.				ratory arrest,	Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	NGEST EQUENCE OF): CVD	IVE	CARDIC	MYOPAT	·H Y	YEARS	
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions contributing to death but not			cause given in 2 R H OS		MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
CIA	25. WAS CASE REFERREO TO MEDICAL EXAMINER? HOSPITAL:		26. PI	ACE OF OEATH (Ch	eck only one)			
IXSI	1 YES 2 NO 1 Inpatient 2 ER/Outpatient 2, MANNER OF DEATN 28s. DATE OF INJURY		Nursing Hom		6 Other (Specify) 28d. DESCRIBE NOW I	N.IIIRY OCCUPE	2	
ВУ РН	1 Netural 5 Pending (Month, Day, Year)	INJURY		RK?	LOG. DESCRIBE NOW I	NOON COCUME		
B	2 Accident 3 Suicide 4 Homicide a Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)			•	281. LOCATION (Street and Number or Flural Route Number, City or Town, State)			
COMPLET	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and dus to the cause(s) and manner as stated.							
TO BE C	296. SIGNATURE AND SYTLE OF CONTIFIER 30. NAME AND AGGRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (1)	VEM 27) (Type, Pri	DPL	29c. LICENSE NUI	664	> 7	NED (Morie), Day, Year)	
	B.C. VENERACION	JR 1	40	1576 M	en, HBI	Nd Ba	Ho Md 212m	
	31. DATE FILED (Month, Day, 1801) 32. REGISTRAR'S SIGNATURE ALL CONTROL OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE	dela		7/3				

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BALTIMORE, MARYLAND 21203-3746 death. Page 6 may be retained by the hospital director, page 5 should be Ħ notified 9 must examiner funeral by the freemoval. after medical filled in by completely filler rial, cremation, the event, executed within BOX 13146, ysician and com prior to burial, o traumatic signed by the attending physician Health and Mental Hygiene prior to other P.O. 6 OR ATTENOING PHYSICIAN: The law requires that the death Injury, DIVISION OF VITAL RECORDS, has been signe bept, of Health n 23 shows a After this certificate hadeath with the State D marked, or Item After TO THE FUNERAL DIRECTOR: After the filed within 72 hours after deal iMPORTANT: If Item 28 is m

permit. Pages 1, 2, 3 should

HOSPITAL HE HE 223

31. DATE FILED (Month, Day, Year)

10/17/90

32. REGISTRAR'S SIGNATURE

Lulia Davidson-Randelle DHMH-16 Rev 1/89

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	REGISTRAR		CERTIFIC	ATE OF	DEATH	RE	G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last	KATIE I.	HILL			2. DATE OF OR	DAY	YEAR	3. TIME OF DEATH	
ı	4. SOCIAL SECURITY NUMBER 219-18-3240		E (In yrs. lest birthday)	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIT (Morth, Day,	Year)	Countr		
	9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, 1				OR LOCATION OF DEA	ATH	/1909 9c. co	UNTY OF O	RYLAND	
2	RESIDENCE OF DECEDENT	710112 021111								
DIRECTOR	MARYLAND 106. COUN				MORE CIT	rΥ		10d. INSIDE CITY LIMITS? 1XXYES 2 \(\text{NO} \) NO		
EHAL	100. STREET AND NUMBER 2729 WINCHESTER STREET			10	101. ZIP CODE 21216			U.S.A.		
BI. FUN	11, MARITAL STATUS 1 Never Married 2 Married XXWIdowed 4 Divorced	Never Married 2 Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES							E — American Indian, k, White, etc.	
3	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind			ENT'S USUAL OCCUPATION 16b. KIND OF BUS				NDUSTRY		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)		of work done during most of working T use retried.) HOUSEWIFE HOUS				FE		
_	17. FATHER'S NAME (First, Middle, Lest) HEZEKIAH GROSS				18. MOTHER'S NAME (First, Middle, Meiden Surname) ANN M. JOHNSON					
O BE	190. INFORMANT'S NAME (Type/Print) MR. CLARENCE	GROSS	3402	ORESS (Street SPRIN	and Number or Rural AN	VE, BA	LTIMO	RE,	MD 21216	
	20s. METHOD OF DISPOSITION Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture Manufacture M				metery, cremetory or CEMETERY	r	20c. LOCATION - BROOKI	- City or To	MARYLAND.	
	21. SIGNATURE OF FUNERAL SERVICE	UCENSE			ND ADDRESS OF FACE	YTUE			. 21216 BALTO., MD	
	23. PART I. Enter the diseases, o ahock, or heart fellon IMMEDIATE CAUSE (Final disease or condition resulting in death)	s. List only one cause on	urosepuence op:	•	ode of dying, such	as cardiec o	er reapiratory a	rrest,	Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): METASTATI'C LUNG CANCER DUE TO (OR AS A CONSEQUENCE OF): ANAELIA DUE TO (OR AS A CONSEQUENCE OF): d.									
3	PART II. Other significant conditi		but not resulting in	the underlyle	g cause given in I	Part I. 24a.	WAS AN AUTOPS PERFORMED?	Y 241	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
MEDI	- HYPERC AZCEMIA - GASTIZO - TNTESTINAL TSLEED,						COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
A	25. WAS CASE REFERRED TO MEDICAL			26. 1	LACE OF GEATH (Che	ick only one)				
2	EXAMINER?	HOSPITAL:		THER:	ne 5 🗆 Residence		clfv)			
Y PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF INJUR (Month, Day, Yea	Y 28b. TIME C	F 28c. III	JURY AT ORK? YES 2 NO		E HOW INJURY O	CCURED		
ED 8	2 Accident Investigation 3 Suicide 6 Could not be determined 4 Homicide determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						Route Number,			
COMPLETED BY	Tondon only	YSICIAN: To the best of my kn INER: On the basis of examina							a) and manner as stated.	
O BE C	29b. SIGNATURE AND TITLE OF CERTIF	TER ENG	Muss	MD	29c. LICENSE NUM	18ER	29d. D		(Month, Day, Year)	
=	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Pr	int)	·			4	40 0 15 15	
	SVDHIR D	PAITL.	LIBE PI	4 17	Emich 1	13	SALTI) · ›	10,21215	
	31. DATE FILED (Month, Day, Year) OCT 22 1990	Julia Davidson	- Pandell							

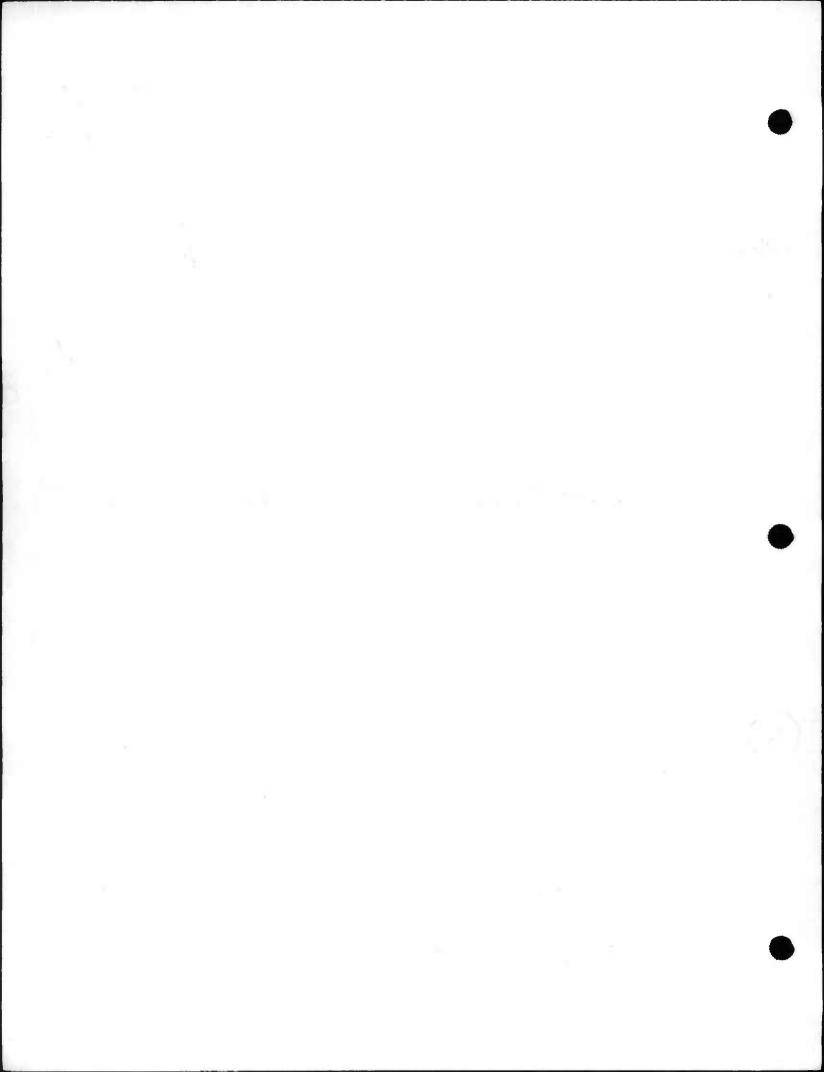
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10	1	FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR	CERTIFIC	ATE OF D	EATH	REG. NO.	20	20000
	1. DECEDENT'S NAME (First, Middle, Last)				DATE OF DEATN		3. TIME OF DEATH
	B WARRE	T T T		1	MONTH DA		
	John HARRIS 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In		F UNDER 1 YEAR IF	UNDER 24 HRS. 7.	October DATE OF BIRTH	16,18	000 5:52 p
	200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 200 CO 20	MC		DURS MIN.	(Month, Day, Year)	Cor	THPLACE (State or Foreign
	214-46-5965 XXM²□F 4	3 YRS.			10/21/	46 Mar	ryland
	9a. FACILITY NAME (If not institution, give street and number)	91	b. CITY, TOWN OR L	OCATION OF DEATH		9c. COUNTY OF	DEATN
œ	Franklin Square Hespital					Balti	imono
2	Franklin Square Hospital					вать	rmore
	top. STATE tob. COUNTY	toc. CITY. T	TOWN OR LOCATION		_		10d. INSIDE CITY
<u>E</u>	Maryland		Balt	imore			LIMITS?
9							1 YES 2 NO
41	toe. STREET AND NUMBER		tor. Zii	PCODE		tog. CITIZEN O	F WHAT COUNTRY?
FUNERAL DIRECTOR	35 A2 Beech Drive Baltim	ore Md.		21220		U.S.	Α.
3	11. MARITAL STATUS 12. WAS DECEDENT EVER IN	U.S. ARMED			ORIGIN? (Specify Yee		ACE — American Indian, lack, White, etc.
	t Never Married 2 Merried FORCES? t YES	2 NO		y Cuban, Mexicen, P	uerto Ricen, etc.)		
B	3 Widowed 4 Divorced IF YES, GIVE WAR OR DAT	ES	T L YES 23	NO Specify:		101	hite
	to. DECEDENT'S EDUCATION	tea. DECEDENT'S US	I ALL COCURATION		1401 WHID OF BUIL		
쁘ㅣ	(Specify only highest grade completed)	(Give kind of world	k done during most o	f working	teb. KIND OF BUS	SINESS/INDUSTR	
ш	Elamantary/Secondary (0-t2) College (t-4 or 5+)	ille. Do NOT use n	eurea.)				
₫	12 years	Carp	enter				
COMPLETED	t7. FATNER'S NAME (First, Middle, Last)		te	B. MOTNER'S NAME	(First, Middle, Maiden	Surname)	
	John B. Harris, Jr.			Danath	/ Miller	2	
BE	tee, INFORMANT'S NAME (Type/Print)	T	222222		Number, City or Town		
2							
_	Anne Harris				Balto Mo	2122	0
	20e. METNOD OF DISPOSITION 20b.	PLACE OF DISPOSITE	ION (Neme of cemete	ory, crematory or	20c. LO	CATION — City or	Town, State
	t 🗆 Buriel 2 🖸 Oremetion 3 🗀 Removal from State 4 🗀 Donation 5 🗀 Other (Specify)	Green M	nunt Ce	meterv	l R	olto M	arvland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	An		ADDRESS OF FACILI	TY		S.Conkling
	. 1 . 0 81	1111		1 1	/	100	3, CONDING
	andy I have	rell	Willer	& Terk	er Tac		1227 37
	23. PART i. Entar tha diseases, or complications that caused	tha death. Do not	enter the mode	of dying, such s	s cardiec or respi	ratory srrest,	Approximats
	shock, or heart fallure. List only one cause on ea	ch iine.					Interval Batween
	immediate CAUSE (Final disease or condition Electroly	to Imba	lanco				Onset and Desth
	resulting in death)	te Imba	Tance				
- 1	DUE TO (OR AS A	CONSEQUENCE OF):					
2	Th Liver Foi	lura					
CERTIFICATION	Sequentially list conditions, b. Liver Fai	CONSEQUENCE OF):					
A	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	16 7	T17 *	1 0			
유	CAUSE (Disease or injury CAUSE (Disease or injury DUE TO (OR AS A	C MOLAN	oma, Wi	de Spre	ead ,		
Ē	that initiated events resulting in death) LAST						İ
E	d						
0	PART il. Other significant conditions contributing to death bu	it not resulting in	the underlying c	euse given in Per	rt i. 24s. WAS AN	ALITTOPREY	24b. WERE AUTOPSY FINDINGS
EDICAL	TART III Ollor Significant Conditions Contributing to dettil De	it not resulting in	the underlying c	adaa giraii iii rai	PERFOR		AVAILABLE PRIOR TO
	Ascites				_ 1 _ YES 2	□ NO	COMPLETION OF CAUSE OF DEATH?
	Possible Septicemia						t 🗆 YES 2 🗆 NO
PHYSICIAN: M					-		
A	25. WAS CASE REFERRED TO MEDICAL		26 PI AC	E OF OEATH (Check	anti anni		
2	EXAMINER? HOSPITAL:		OTHER:	E OF CENTH (C/IOCK	Grily Oriej		
YS	t TYES 2 NO 1 Inpatient 2 ER/Output	itlent 3 DOA 4	☐ Nursing Home	5 Residence 8	Other (Specify)		
표	27. MANNER OF OEATH 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (d. OESCRIBE HOW I	NJURY OCCURE	
	Natural 5 Pending	1		2 🗌 NO			
В	3 Suicide 28e. PLACE OF INJURY	— At home, farm, str	eet, factory, office	20	If, LOCATION (Street	and Number or Ru	ral Route Number,
	3 Suicide 6 Could not be building, etc. (Speci	fy)			City or Town, State)		
4		edge, death occurred	at the time, date an	d place, and due to	the cause(e) end me	nner ee stated.	
	29a. CERTIFIER Check only CERTIFYING PNYSICIAN: To the beat of my knowledge.				a data and place as	of due to the par	
≅	C(Check only one) CERTIFYING PNYSICIAN: To the best of my knowle one) CERTIFYING PNYSICIAN: To the best of my knowle one)		in my opinion, deat	n occured at the tim	e, unte attu piace, at	id die to the can	se(e) and manner as stated.
COMPLETED	(Check only CERTIFFING PRISICIAN: To the beat of my knowle one) 2 MEDICAL EXAMINER: On the beat of examination		ACCOUNTS OF				
	(Check only CERTIFTING PRYSICIAN: 10 the beat of my knowledge		ACCOUNTS OF	9c. LICENSE NUMBE			se(e) and manner as stated. NED (Month, Day, Year)
BE	(Check only CERTIFFING PRISICIAN: To the beat of my knowle one) 2 MEDICAL EXAMINER: On the beat of examination		ACCOUNTS OF				
	(Check only 2 GERTIFFING PRISICIAN: 10 the beet of examination 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	end/or investigation,	2				
BE	(Check only 2 GERTIFFING PRISICIAN: 10 the beet of examination 29b. SIGNATURE AND TITLE OF CERTIFIER	end/or investigation,	Yrint)	D /6 7	21	29d. DATE SIGN	NED (Month, Day, Year)
BE	(Check only 2 GERTIFFING PRISICIAN: 10 the beet of my knowledge) 2 MEDICAL EXAMINER: On the beet of examination 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	end/or investigation, 20 ATN (ITEM 27) (Type, P	Yrint)		21	29d. DATE SIGN	NED (Month, Day, Year)
BE	(Check only 2 GERTIFFING PRISICIAN: 10 the beet of examination 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	end/or investigation, % NTN (ITEM 27) (Type, P	Yrint)	D /6 7	21	29d. DATE SIGN	NED (Month, Day, Year)



		* REGISTRAR		CERTIFIC	ATE OF DE	EAIR	HE	G. NO.			
		1. DECEDENT'S NAME (First, Middle, Last)	d/8/17	7-1			2. DATE OF DI	EATH DAY	YEAR 3. TIME OF DE	ATH	
		4. SOCIAL SECURITY NUMBER		MO MO					BIRTHPLACE (State or Country)	Foreign	
		Sa. FACILITY NAME (If not institution, give a		0	CITY TOWN OR LO	CATION OF DEA	7//4	1 So COUNT	V OF DEATH	7	
/	TOR	Residence of Decement	uns. Hon	ud 7	7470 M	and b	one)	Pike Fani	estville p	no	
	EC.	10s. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCATION		-		10d. INSIDE CIT	TY	
· 25		Maryland Pr	ince George	Clin		CODE		10e. CITIZ	1 - YES 2		
)	NERA	6810 Danford 1			100				U.S.		
1	B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2/ NO	13. WAS DECENDED If yes, specify, 1 TYES 2/	ENT OF HISPANIC Cuban, Mexican, NO Specify:	ORIGIN? (Spe Puerto Rican,	etc.)	4. RACE — American Inc. Black, White, atc.	dlen,	
	8	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Give kind of work	done during most of	working	16b. KIND	OF BUSINESS/INDL	STRY		
IMORE, MARYLAND 21203-3-31 Page 6 may be retained by the hospital or attending at director, page 5 should be detached for use as the ner must be notified at once. TO BE COMPLETED BY	APLE	Elementary/Secondary (0-12)	College (1-4 or 8+)	Ille. Do NOT use re	tired.)		Own	Home			
	S	17. FATHER'S NAME (First, Middle, Last)			18.						
9			e Hinton	I was allowed as							
notifi	2		nton								
og ti				b. PLACE OF DISPOSITION							
E		4 Donation 6 Other (Specify)		Hinton Fam			Lancaster, Virginia				
mlne		21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		Jones-	Ash Fun	eral H	lome			
exa l		Mary & C	owen							2473	
cremation, or rent, the me		immediate Cause (Finel disease or condition resulting in death)	a. Cauli	spremmer	my A	Med P	an cardiac o	or respiratory arra	st, Approxi- Interval Onset a	Betwee	
Hygiene prior to bur or other traumatic	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с								
		PART II. Other algnificent condition	a contributing to death i	but not resulting in t	the underlying ca	use given in P	Part I, 24a.		24b. WERE AUTOPSY		
₹ m	DIC A	Dealiness,							PERFORMED? AVAILABLE PRIOR COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COM		
of Hea	Σ	OXU		1 TYES 2] NO						
Dept.	AN	25. WAS CASE REFERRED TO MEDICAL			26 PLACE	OF DEATH (Char	rk only one)				
State	SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	tpetient 3 DOA 4	THER:			iclfv)			
th the	并	27. MANNER OF DEATH	28a. DATE OF INJURY	26b, TIME C	F 28c, INJURY	AT			URED		
		1 Natural 5 Pending 2 Accident Investigation			M 1 YES	2 NO					
after d	ED	3 Suicide a Could not be 4 Homicide determined	26a. PLACE DF INJUR building, etc. (Spi	Y — At home, farm, stre	et, factory, office				or Rural Route Number,		
72 hours	MPLE	anal .								a stated.	
HTAN1											
be file		et- caumy	R MY		le le	1238	26.	•	10/18/190.		
	F	30. NAME AND ADDRESS OF PERSON WIT	O COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, Pri	int))					
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG		11	1				т	
	death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. s marked, or Hem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	burs after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. em 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY FUNERAL D	1. DECEDENT'S NAME (First, Middle, Last) 4. SOCIAL SECURITY NUMBER 2. 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TO BE COME	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.
e funeral director, page 5 shoot a section	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, plan a should be seen at the second of the second of the funeral director.
death. Page 5 may be water	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Plage 6 may be well as
C Wilderson	

į.	1. DECEDENT'S NAME (First.	Middle, Last)								2. DATE OF D	EATH 34	,	YEAR	3. TIME OF DEATH
	Louise	, N		Friez	Ну	land				Octobe				1030 pm
ì	4. SOCIAL SECURITY NUMB	ER 5	. SEX	6. AGE (In yrs. les	l birthday)	IF UNDER		+	R 24 HRS.	7. DATE OF B (Month, Day	IRTH			PLACE (State or Foreign
- 1	212-26-744	7 1	□ M 2 12 F	95	YRS.	MONTHS	DAYS	HOURS	MIN.	Nov.		1895	-001111	ryland
- 1	90. FACILITY NAME (If not in	attution, give stree	t and number)			9b. CITY,	TOWN (OR LOCAT	ION OF DE		1		ITY OF DI	
FUNERAL DIRECTOR	Stella Maris	Hospic	e _			7	ows	son	-		1	-	Ва	ltimore
<u> </u>	10e. STATE	10b. COUNTY	٠		10c. CIT	Y, TOWN O	R LOCA	TION						10d. INSIDE CITY LIMITS?
<u>a</u>	Maryland	Baltime	ore			T	ows	son						1 YES 2 NO
A	100. STREET AND NUMBER						10	. ZIP COD	DE			10g. CITI	ZEN OF W	HAT COUNTRY?
ᇤ	2300 Dulan	ey Vall	ey Roa	d					212	04			US	A
5	11. MARITAL STATUS 1 Never Merried 2			T EVER IN U.S. AR						IIC ORIGIN? (Sp n, Puerto Ricen		or No—	14. RACE Black	— American Indian, , White, atc.
ВУ	3 XWidowed 4 Divo		IF YES, GIVE V			1	☐ YES	NO NO	Specify	<i>i:</i>			Specif	^{%:} White
	15. DEC	EDENT'S EDUCAT	ION	16a. DE	CEDENT'S	USUAL O	CUPATI	ON		16b. KIN	D OF BUS	INESS/IND	USTRY	
COMPLETED	(Specify only Elementary/Secondary (8	highest grade cor	mpleted) College (1-4 or 5	(G	ive kind of v	work done o	luring mo	osl of work	ing					
2	Entrinentially Controlling (o		oninge (1-4 of 0	"	Hou	ısew	ife				Hom	emak	ina	
O	17. FATHER'S NAME (First, M.	iddle, Last)						18. MO	THER'S NA	ME (First, Middle				
BE C	Julian Pie	rre Fri	ez					C	orde	lia Sch	impf	F		
	19a. INFORMANT'S NAME (7)	rpe/Print) ,		19	b. MAILING	AODRESS	(Street			Route Number, C			Code)	
2	Anne E. J.	ennings			105	12 P	<u>ar</u> k	wood	d Dr	. Ken	nsin	aton	Mo	d. 20895
	20e. METHOD OF DISPOSITE 1 □ Burlet 2 □ Cremetic	ION Bemovi	l from State	20b. PLACE other pl	OF DISPOS							CATION -		
	4 ☐ Donetion 5 ☐ Other	(Specify)	-	May	s Ch				ry		Tin	noniu	ım.	Md. 21093
1	21. SIGNATURE OF FUNERA		111.7	XXIa	and the same				ESS OF FA	cility nell-Wie	dofe	ماط		
	•	Ma	rtin D.	Lawson	1					larylar				
	23. PART I. Enter the d												reat,	Approximate
	IMMEDIATE CAUSE (Fir		t only one cat	ise on each line										Interval Between Onset and Death
	disease or condition resulting in death)	→	Lun	a Carc	mon	na								6 mon Hus
	rosuning in death)		DUE TO	(CR AS A CONSE	OUENCE O	F):								
z	O	6.												
CERTIFICATION	Sequentially list condit if any, leading to imma	diete	DUE TO	(OR AS A CONSE	OUENCE O	F):								
2	cause. Enter UNDERLY CAUSE (Disease or Inju		OHE TO	(OR AS A CONSE	OHENCE O	D.								
	that initiated events reaulting in death) LAS	т	002 10	(ON NO N CONSE	QUEINCE U	. /-								j
8		d.												
AL.	PART II. Other eignifice	ont conditione	contributing to	death but not	reculting	In the ur	derlyln	g ceuse	given in	Part I. 24s	PERFOR		24b	WERE AUTOPSY FINDINGS
MEDICAL										10	YES 2	□ NO	COMPLETION OF CAUSE	
										_ 1				1 - YES 2 - NO
ä														
PHYSICIAN:	25. WAS CASE REFERRED T EXAMINER?		HOSPITAL			OTAEI		LACE OF	DEATH (Ch	eck only one)				
YSI	1 TES 2 NO		☐ Inpatient 2	ER/Outpatient 3	_	4 87 Nur	sing Hor		Reeldence	8 - Other (Sp				
PH	27. MANNER OF DEATH 1 Natural 5 □	Pending	28e. BATE Of	FINJURY Day Year)	28b. TIA	JURY	W	JURY AT ORK?	_	28d. DESCRI	BE HOW II	NJURY OC	CURED	
BY	2 Accident	investigation				M		YES 2	∐ NO					
ED	3 Suicide a S	Could not be determined	28 PLACE/ building	OF INJURY — At he , etc. (Specify)	ome, farm,	street, fact	ory, offi	Ce		28f. LOCATIO City or To	N (Street a wn, State)	ind Numbe	r or Rural I	Route Number,
	AAA OFRIFIFE		1/		_									
필	(Orieck Orny		- /	f my knowledge, de										
COMPLET	2 MEO	ICAL EXAMINER:	On the paele of	examination end/or	Investigati	on, in my o	pinion,	death occ	ured at the	time, date end	place, en	d due to ti	he ceuse(s	a) and menner on stated.
BE (29b. SIGNATURE AND TITLE	OF CERTIFIER						29c. LI	CENSE NU	MBER		29d. DAT	E SIGNED	(Month, Day, Year)
0					-			10	1220	4		- 10	120	190
	30. NAME AND ADDRESS O	A LA LA A A	COMPLETED CAL	SE OF DEATH (ITE		4 1	5044	0 N			1. L	٠, ٠	1 9 a s e t	00 111 - 2011
	31. DATE FILED (Month, Day,	wrudo	LIMPEGIETO	SKULA	Mall	OFFI)HY		wan	eyval	uy K	4.1	ow	671, M.O. 21204
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the jurs after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral News	сгелла	IMPORTANT: If her 26 is marked or Hem 23 shows any injury or other trainmatic event the medical evaning
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31. DATE FILED (Month, Day, Year)

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1, DECEDENT'S NAME (First, Middle, Last) 2 DATE OF DEATH 3. TIME OF DEATH YEAR 30 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday IF UNDER 1 YEAR 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. Dec. 12,1910 Greece 79 031-24-8767 1 XM 2 F YRS 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Hebrew Home of Greater Washington, Rockville MONTGOMER DIRECTOR RESIDENCE OF DECEDENT 10e STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION IDD. INSIDE CITY Maryland Montgomery Rockville 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6121 Montrose Road 20852 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indien, Black, White, etc. 1 Never Married 2 Merried 2 X NO If yes, specify Cuban, Mexican, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES 1 YES ZANO Specify: Specify: BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade complete (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 9 Barber/Owner Own Business 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Yehudah Chadajo Dzamilla Mevorah BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Jack Hadley 4106 Ingomar, NW, Washington, DC 20015 20e. METHOD OF DISPOSITION

X Suriel 2 ☐ Cremetion 3 ☐ Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or 20c. LOCATION - City or Town, State West Haven, ☐ Donetion 6 ☐ Other (Specify) _ Cholem Shevetch Achi Bikur 21 SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ives-Pearson Funeral Homes Arlington, VA 22201 23. PART I. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Batwaan IMMEDIATE CAUSE (Finel Onset and Death disease or condition resulting in deeth) 047 DUE TO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions. if any, leading to immediate cause. Enter UNDERLYING MULTI-INT CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION DF CAUSE 1 TES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: 1 | Inpetient 2 | ER/Outpetient 3 | DOA ng Homa 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF INJUNY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural м 1 YES 2 NO BY Accident 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29a, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner ee stated. MEDICAL EXAMINER: On the beels of axamination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE PHYSICIAN 1808 ino 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) PATEL MID 6121

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32. REGISTRAR'S SIGNATURE

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Tables after death. Page 6 may be retained by the house and the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the cont	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacthing the second second by the attending physician and completely filled in by the funeral director, page 5 should be detacthing the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

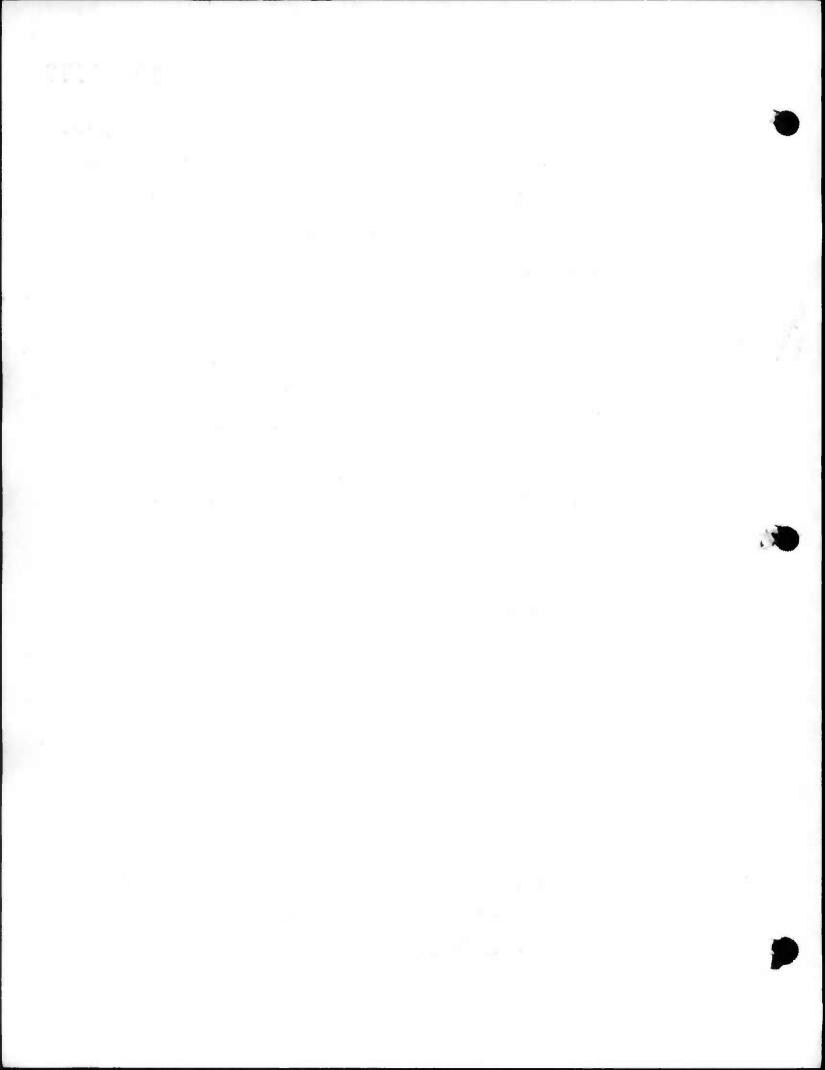
BALTIMORE, MARYLAND

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.		TE OF BIRTH		8. BIRTHPL Country)	ACE (State or Foreign
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	DAVID HYATT						16. MOTI	DVO					
BE	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRES	S (Street a	nd Number			UNKNOW umber, City or Town		n Code)	
임	DR. IRVIN HYATT			_									208
20e. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometons, cremators or 20c. LOCATION — City or Town, State													
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	shock or heart failure.	List only ona cau	se on each	iine.			•			•			intarval Between Onset end Death
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	recuiting in death)	a. Come TO	OR AS A CON	SEQUENCE O	F):					·-			
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32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)
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FOR 91 28974 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH MARIE LILLIAN INGRAM To 4:20 10 4 SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH HOURS 1 ☐ M 2 53€ 217-16-8345 03/07/1905 Maryland Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH DIRECTOR Baltimore County General Hosp. Randallstown Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 1 - YES 2 - NO Maryland Baltimore permit. 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10s. STREET AND NUMBER 101, ZIP CODE burial-transit 21207 Berlee Court S. H. Α. 14. RACE — American Indian, Black, White, etc. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 2 T NO If yes, specify Cuban, Maxican, Puarto Rican, atc.) 1 Never Married 2 Married 1 YES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced **Black** COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Baltimore City Elementary/Secondary (0-12) College (1-4 or 5+) Hish School Public School System Custodian 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maiden Surname) Ħ Pearl Prince Fred Catlin netified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 21207 Glascoe Catlin Berlee Court Baltimore, Maryland 9 20a. METHOD OF DISPOSITION
1 N Burial 2 Cremation 3 Removal from Stata
4 Donation 5 Other (Specify) 20c. LOCATION -- City or Town, State 20b. PLACE OF DISPOSITION (Name of cametery, crematory or must Arbutus Memorial Park Baltimore County, MI examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes. 2501 Gwynns Falls Parkway Baltimore, Maryland 21216 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, Approximate shock, or heart failure. List only one cause on each line. Intarval Between **Onset and Death** IMMEDIATE CAUSE (Final the disease or condition SEPSIS resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): CVA other traumatic BY PHYSICIAN: MEDICAL CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, lasding to immediata cause. Enter UNDERLYING DM CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST 6 b has been signed by the attente bept. of Health and Mental Pm 23 shows any Injury, or s certificate has th the State De id, or item 2 with t marked,

PART II. Other algnificant condition	s contributing to death but not r	esuiting in the u	nderlying cause given in	Pert J. 24a. WAS AN AL PERFORMI	ED? AVAILABLE PRIOR TO COMPLETION OF CAUS
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one)	CIAN: To the best of my knowledge, de R: On the basis of examination and/or				er as stated. dus to the cause(s) and menner as stat

295. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

MD-Home sta Jim 20 36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print).

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> Lulia Davidson-Bondale OCT 2 2 1990

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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Helen m YEAR Johnson 8.00 P m 10 ' 90 19 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) (0 - 12 -5. SEX 6. AQE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 78 17-05-8662 Maryland 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWH OR LOCATION OF DEATH 9c. COUNTY OF DEATH Margland Gen! 1. Hosp RESIDENCE OF DECEDENT DIRECTOR Baltimore usa 10b. COUNTY 10c. CITY, TOWH OR LOCATION 10d, INSIDE CITY LIMITS? 1 TES 2 NO Baltimore 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 945 Whe xington 21223 4 Soc 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indien, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 | YES 2 | NO Specify: FORCES? 1 YES 2 1 Never Married 2 Married anerilan Negro BY 3 Widowed 4 Divorced ED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only higher ast of worldna COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Hattie lalynn Massey James BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Elaine Toogood 21273 20e. METHOD OF DISPOSITION
1 D Burlel 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) 20c. LOCATION — City or Town, State Cemetery Delar Brooklyn 4 Donetion 6 Other (Specify) 21. SIGNATURE OF FLINERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY allwanie, Brown 1206 W, north ave 23 PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, **Approximate** shock, or heart fellure. List only one cause on each line. Interval Bety IMMEDIATE CAUSE (Finel Onset and Death disesse or condition_ Aspiration Preumonia resulting in death) DUE TO (OR AS A CONSEQUENCE OF): atelectasis ig ht Lower lobe CERTIFICATION Sequentielly list conditions, If any, leading to immediata cause. Enter UNDERLYING POW GI Bleed Upper CAUSE (Disesse or Injury that initiated events DUE Brain resulting in death) LAST Tumor PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? PHYSICIAN: MEDICAL 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 - YES 2 NO itient 2 - ER/Outpatient 3 - DOA 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending 1 YES 2 NO BY 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 4 🗌 He 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the b ation end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) end manner as stated. 296. SIGNATORE AND TITLE OF CENTIFIED 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE PERSON WHO COMPLETED CAUSE OF DEATH (TEM 27) (Type, Print) D38993 Bult MD 3001 Fouth Uanover ST 21230 32. HEGISTRAR'S SIGNATURE

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 - yours after death. Page 6 may be retained by the i	TO THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained and within 72 hours after death with the State Dest. of Health and Mental Houlene prior to burial, compation, or removal.	IMPORTANT: If Item 28 is merked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at one
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FUNERAL	106. STREET AND NUMBER 106 Birchwood Ro					10f. ZIP	2122				SA	COUNTRY?
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COMPLETED	15, DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	(GA	ve kind of v Do NOT us	usual occu work done durin e retired.)	g most of	working	166		siness/indus Govern		
BE COM	17. FATHER'S NAME (First, Middle, Lest) Arthur F. L	ord				18.	MOTHER'S NAM	ME (First, I	Middle, Malden			
10	Robert N. Lord						Rd. B					
	20s METHOD OF DISPOSITION 1-SP Burlal 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	wal from State	other ple	(00)	Memor:					cation — cm esvill		ryland
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE			22. NAR	ME AND A	DORESS OF FA	CILITY				
	+ Vaun Z=	tigher					H. Hul				-	nc. 21229
	23. PART I. Enter the diseases, or co	omplications that c	caused the de	eth. Do r								Approximate
	shock, or heart fellure. L IMMEDIATE CAUSE (Final disease or condition	•			tous a	an	est					Interval Between Onset end Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		PR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSEC	UENCE O	F):	şeli	w	, ,				
PHYSICIAN: MEDICAL	PART II. Other significant conditions	s contributing to de	eath but not n	esulting	In the under	rlying ca	use given in	Part i.	24a. WAS AN PERFOR 1 YES 2	RMED?	AM COI OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO IPLETION OF CAUSE DEATH? YES 2 \(\sum \) NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:		OF DEATH (Ch					
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF IN (Month, Day,		26b. TIM	E OF 28	c. INJURY WORK?				NJURY OCCU	RED	
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF building, et	INJURY — At ho c. (Specify)	me, ferm, :	street, factory,	office		261. LOC City	ATION (Street or Town, State)	and Number or	Rural Route	Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHYSIC CERTIFYING PHY											f manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	ujie.				29·	LICENSE NUI	BER O			IGNEO (Mo	nth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO											

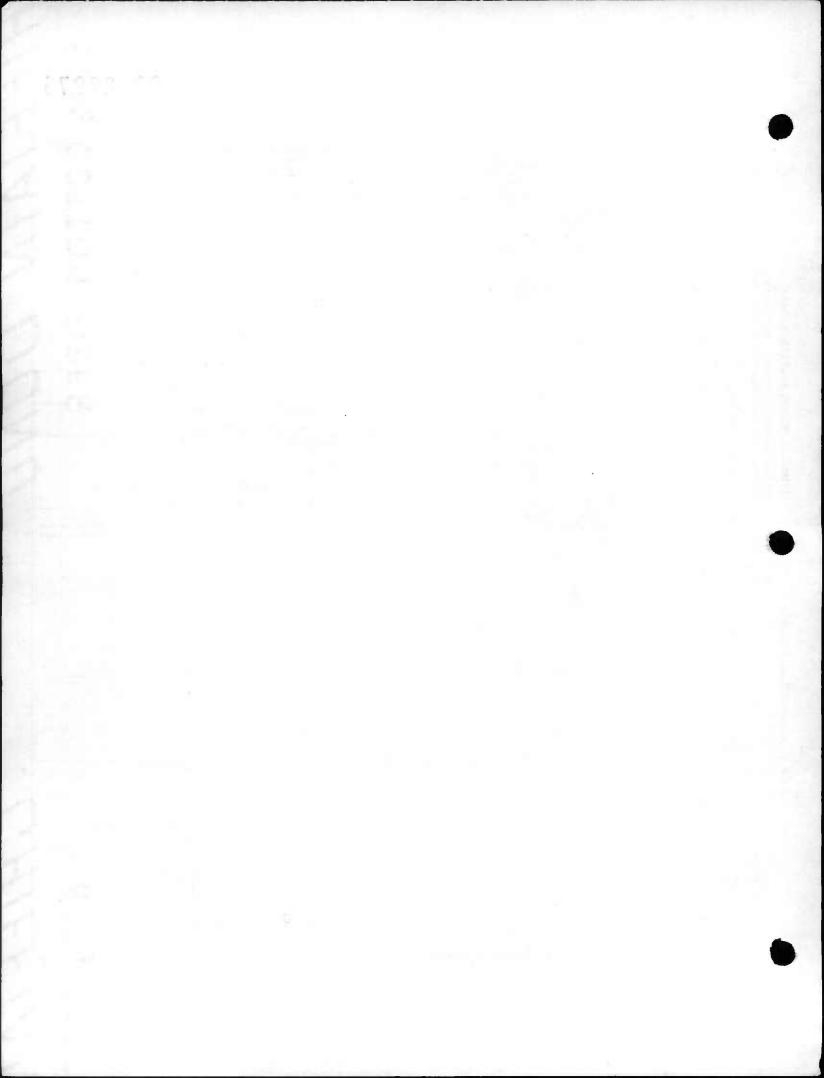
405 Frederick Rd.; Suite 101; Baltimore, Md.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Mejia;

Dr. Alejandro

21228



TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR	CERTIFIC	ALE OF DEATH	REG. NO.	
1. DECEDENT'S NAME (First, Middle, Last)	Sr.		2. DATE OF CEATH DAY	YEAR 3. TIME OF QEATH
Willouis Lyde		, , , , , , , , , , , , , , , , , , ,	10/18/90	11:00 A. M
4. SOCIAL SECURITY NUMBER 219 22 8791 1 ★ M 2 □ F		F UNDER 1 YEAR IF UNDER 24 HRS. OHTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5/25/27	6. BIRTHPLACE (State or Foreign Country) Md_
9a. FACILITY NAME (If not institution, give street and number)	9	b. CITY. TOWN OR LOCATION OF OR		INTY OF GEATH
Loch Raven VA Medical Ce		BALTIMORE		
RESIDENCE OF DECEDENT				
10a. STATE 10b. COUNTY		timore		10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET ANO NUMBER	Dal	10f. ZIP CODE	10g. CIT	IZEN OF WHAT COUNTRY?
318 S. Spring St.		2123	1000	USA
FORGERS 4	EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPAN		14. RACE — American Indian, Black, White, etc.
1 Never Married 2 Married IF YES, GIVE WA 2/46	7 YES 2 □NO R OR DATES 12/46	If yes, specify Cuban, Mexica 1 TYES 2 NO Specify		Specify: Black
15. OECEDENT'S EDUCATION	16a. DECEDENT'S US	HAL OCCUPATION	16b, KINO OF BUSINESS/IN	
(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of work	k done during most of working		
17. FATHER'S NAME (First, Middle, Lest)		18, MOTHER'S NA	ME (First, Middle, Malden Surname)	
William Lyde		Anni	e Tinnin	
19a, INFORMANT'S NAME (Type/Print)	19b, MAJLING AT	DORESS (Street and Number or Rural I		
Willouis Lyde Jr.	1323	Silverthorne	Rd. Balto. Md.	21239
20a. METHOD OF DISPOSITION 1 ∰ Burial 2 □ Cremation 3 □ Removal from State	20b. PLACE OF DISPOSITI	ION (Name of cemetery, crematory or	20c, LOCATION —	City or Town, Stata
4 Donation 5 Other (Specify)	Crownsvi	11e Veteran	Crowns	ville Md
21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1	22. NAME AND ADDRESS OF FA	CILITY	
· Ticel a ost	est	1300 Eutaw 1	ers Funeral Ho Pl. Balto. Md.	21217
23. PART i. tinter the diseases, or complications that shock, or heart failure. List only one caus	caused the death. Do not	entar the mode of dying, suc	h as cardiac or reapiratory ar	
IMMEDIATE CAUSE (Final	e en each line.			interval Between Onaat and Death
disease or condition	Donatat	0.0000		2,005
reaulting in death)	OR AS A CONSEQUENCE OF):	e carker		Tour
C b.				
if any, leading to immediate	OR AS A CONSEQUENCE OF):			
cause. Enter UNDERLYING CAUSE (Disease or Injury				
that initiated events resulting in death) LAST	OR AS A CONSEQUENCE OF):			i 1
d				
PART ii. Other significant conditions contributing to	death but not resulting in	the underlying cause given in		
			PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
			1 YES 2 NO	OF DEATH?
			-	1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (Ch	eck only one)	
EXAMINER? / HOSPITAL:		OTHER:		
27. MANNER OF CEATH 28s. DATE OF (Month, De	NJURY 28b, TIME (OF 28c, INJURY AT	28d. OESCRIBE HOW INJURY OF	CCURED
1 Martural 5 Pending 2 Accident Investigation	1 1.500	M 1 YES 2 NO		
3 Suicide 28e. PLACE OF	INJURY — At home, farm, structc. (Specify)	set, factory, office	28f. LOCATION (Street and Number City or Town, State)	er or Rural Route Number,
200 CERTIFIED				
29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of i				
(Check only 1 DE CERTIFFING PHYSICIAN: 10 the best of			time, deta and place, and due to	
(Check only one) 2 MEDICAL EXAMINER: On the basis of an	E OF DEATH (ITEM 27) (Type, P	In my opinion, death occured at the 29c. LICENSE NU	time, data and piece, and due to to the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the stat	the cause(a) and menner as stated.
(Check only one) 2 MEDICAL EXAMINER: On the basis of ax 29b. SIGNATURE AND TITLE OF CERTIFIER COMPLETED CAUSE 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE MEDICAL EXAMINER: On the basis of ax 29b. SIGNATURE AND TITLE OF CERTIFIER COMPLETED CAUSE 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE MEDICAL EXAMINER: On the basis of ax 29b. SIGNATURE CAUSE TO STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE	amination and/or investigation,	In my opinion, death occured at the	time, data and piece, and due to to the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the stat	the cause(a) and menner as stated.

BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s. Are ster death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT; it Hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

OHMH-16 Rev 1/89

21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALLIMOHE, M.	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nours after death. Page 6 may be required.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 to fled within 72 hours after death with the State Deot, of Health and Mental Hyglene prior to burial, cremation, or removal.	consistence of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second seco	
DIVISION OF VITA	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The	TO THE FUNERAL DIRECTOR: After this certificate Is be filed within 72 hours after death with the State	company of the same of the same day of the same	THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE P

JOHN
31. DATE-FILED (Month, Day, Year)

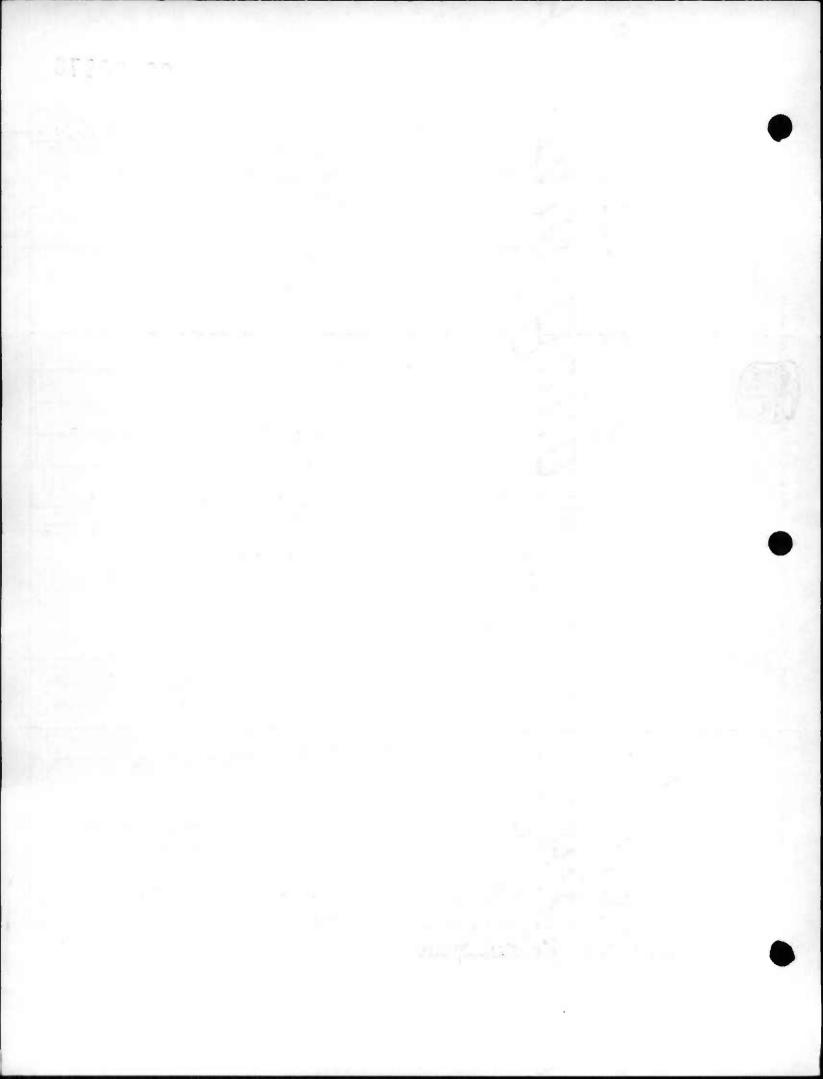
DCT 2 2 1990

	FOR 1 - STATE REGISTRAR	STATE OF	MARYLAND /		RTMENT OF			MENTAL	HYGIENI	E ,		
	1. OECEDENT'S NAME (First, Middle,		E D. LEV	IN				2. DATE O MONTH OCT	DA	1990	YEAR	3. TIME OF DEATH 2:50P M
	4. SOCIAL SECURITY NUMBER 213-03-4547 99. FACILITY NAME (If not institution,	5. SEX 1 M 2 F	6. AGE (in yrs. las	1 YRS.	IF UNDER 1 YEAR MONTHS DAYS 9b. CITY, TOWN	IF UNDER	MIN.	10/			Country	IARYLAND
TOR	SINAI HOSPITAI					TIMOF						
DIRECTOR		COUNTY		10c. CIT	TY, TOWN OR LOCA BALTIMO							10d. INSIDE CITY LIMITS? WX YES 2 NO
	10e. STREET AND NUMBER				1	of. ZIP COOE				10g. CITIZI	EN OF W	THAT COUNTRY?
띨	5814 HIGHGATE	DR.	_				212	15		U	SA	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES?	NT EVER IN U.S. AF 1 YES 2 I WAR OR DATES		If yes, s	CENDENT O pecify Cuba S 2 NO	n, Mexican	ı, Puerto Ri	(Specify Yes can, atc.)	or No—	Black	— American Indian, t, White, etc. by: WHITE
	15. DECEDENT' (Specify only highes	S EDUCATION t grade completed)			USUAL OCCUPAT		a	16b. I	KIND OF BUS	INESS/INDU	STRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	166	. Do NOT u	SPERSON				CT.	OTHIN	Ġ	
8	17. FATHER'S NAME (First, Middle, Li	not)		SALIE	SPINOON	16. MOTH	IER'S NAI	ME (First, Mi	iddle, Maiden		<u> </u>	
BE C	JOSEPH LEV	VIN					A	NN	GLASS	ER		
9 0	19a. INFORMANT'S NAME (Type/Prin	()	19	b. MAILIN	ADDRESS (Street	and Number	or Rural R	loute Numbe	r, City or Town	n, State, Zip (Code)	
٦	MRS. MOLLIE LI	EVIN			HIGHGA'			ALTIM			1215	
	20s. METHOD OF DISPOSITION 1 Sp Burlet 2 Cremation 3 C 4 Donation 5 Other (Specify		other pi	lace)	SITION (Name of a					CATION — C LTIMO		
	21. SIGNATURE OF FUNERAL SERV	ICE LICENSEE	even	20	SOL I	LEVINS	SON 8	& BRC	S., I	NC.		
	23. PART I. Enter the disease ahock, or heert fa	s, or complications th							RD.			Approximate interval Between
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. METH	STATY POOR AS A CONSE	ANUC)	REATIC.	CAR	cik	AMC				Onset and Death
TION	Sequentially list conditions, if any, leading to immediate	DENY OUE TO	DRATION OF AS A CONSE	OUENCE (DF):							
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	O (OR AS A CONSE	OUENCE (OF):							
MEDICAL CE	PART II. Other significant con	nditiona contributing t	o death but not	resulting	in the underlyi	ng cause (given in	Part i.	24e. WAS AN PERFOR	MED?	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
								- 1		`		1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDI				26.	PLACE OF D	EATH (Ch	eck only one)			
Sic	EXAMINER?	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHER: 4 Nursing Ho	me 5 🗆 Re	sidence	6 Other	(Specify)			
BY PHYSICIAN:	27. MANNER OF CEATH 1 Netural 5 Pendin 2 Accident Investig	9	F INJURY Day, Year)	28b. TI		JURY AT YORK? YES 2	NO	28d. DE\$4	CRIBE HOW I	NJURY OCC	URED	
8	3 Suicide 8 Could 4 Hornicide determ	not be building	OF INJURY — At h g, etc. (Specify)	ome, farm,	street, factory, of	lce			TION (Street of Town, State)		or Aurel I	Route Number,
COMPLET	Control City	PHYSICIAN: To the best of KAMINER: On the basis of										e) end manner as stated.
BE	29b. SIGNATURE AND TITLE OF CO	Bu Hen M)				32			29d. DATE	SIGNED	(Month, Day, Year)
임	30, NAME AND ADDRESS OF HERS	OH WHO COMPLETED CÁ	USE OF DEATH (ITE	EM 27) (Tvo	e, Print)	-		- V				11. 11. 160 may 11.

20 CROSSEDADS DR.

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OHMH-16 Rev 1/89



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TAL DR	AL DIF	72 hou	H He
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Skyriburs after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for it	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
=	F	Ó	-

	FOR ST. ST. ST. REGISTRAR	ATE OF MARYLAND / CEI	DEPARTMENT OF H		NTAL HYGIENE REG. NO.	91	28979
•	1. DECEDENT'S NAME (First, Middle, Last)		W .	2.	DATE OF DEATH MONTH DAY	90	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 4. 2 9 9 4 6 2 9 9 1 1 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	M 2 🗆 F	YRS. MONTHS DAYS	HOURS MIN.	DATE OF BIRTN (Month, Day, Year) 3 - 4 - 4 9	Count	Miss.
DIRECTOR	RESIDENCE OF DECEDENT 10s. STATE May A, A, G	len Burnie	10c. CITY, TOWN OR LOCAT		Burnie	Anne A	rundel. 10d. INSIDE CITY LIMITS? 1 □ YES 2 1 NO
FUNERAL	1 Never Married 2 - Married F	AS DECEDENT EVER IN U.S. ARMI ORCES? 1 YES 2 NO	ED 13. WAS DEC	ZIP CODE 2106 ENDENT OF NISPANIC Codify Cuban, Mexican, Property Cuban, Mexican, Property Cuban, Mexican, Property Cuban, Mexican, Property Cuban, Mexican, Property Cuban, Mexican, Property Cuban, Mexican, Property Cuban, Mexican, Property Cuban, Mexican, Property Cuban, Mexican, Property Cuban, Mexican, Property Cuban, Mexican, Property Cuban, Mexican, Property Cuban, Mexican, Property Cuban, Mexican, Property Cuban, Mexican, Property Cuban, Mexican, Property Cuban, Mexican, Property Cuban, Mexican, Property Cuban, Mexican, Property Cuban, Mexican, Property Cuban, Mexican, Property Cuban, Mexican, Property Cuban, Mexican, Property Cuban, Mexican, Property Cuban, Mexican, Property Cuban, Mexican, Property Cuban, Mexican, Property Cuban, Mexican, Property Cuban, Mexican, Property Cuban, Mexican, Property Cuban, Mexican, Property Cuban, Mexican, Property Cuban, Mexican, Property Cuban, Mexican, Property Cuban, Mexican, Property Cuban, Mexican, Property Cuban, Mexican, Property Cuban, Mexican, Property Cuban, Mexican, Property Cuban, Mexican, Property Cuban, Mexican, Property Cuban, Mexican, Property Cuban, Mexican, Property Cuban, Mexican, Property Cuban, Mexican, Property Cuban, Mexican, Property Cuban, Mexican, Property Cuban, Mexican, Property Cuban, Mexican, Property Cuban, Mexican, Property Cuban, Mexican, Property Cuban, Mexican, Property Cuban, Mexican, Property Cuban, Mexican, Property Cuban, Mexican, Property Cuban, Mexican, Property Cuban, Mexican, Property Cuban, Mexican, Property Cuban, Mexican, Property Cuban, Mexican, Mexican, Mexican, Mexican, Mexican, Mexican, Mexican, Mexican, Mexican, Mexican, Mexican, Mexican, Mexican, Mexican, Mexican, Mexican, Mexican, Mexican, Mexican, Mexican, Mexican, Mexican, Mexican, Mexican, Mexican, Mexican, Mexican, Mexican, Mexican, Mexican, Mexican, Mexican, Mexican, Mexican, Mexican, Mexican, Mexican, Mexican, Mexican, Mexican, Mexican, Mexican, Mexican, Mexican, Mexican, Mexican, Mexican, Mexican, Mexican, Mexican, Mexican, Mexican, Mexican, Mexican, Mexican, Me	ORIGIN? (Specify Year	Blac	E American Indien, k, White, etc.
COMPLETED BY	3 Wildowed 4 Divorced 15. OECEDENT'S EDUCATION (Specify only highest grade comple	ege (1-4 or 5 +) (GMe) life. D	EDENT'S USUAL OCCUPATION of kind of work done during mo to NOT use retired.) 1 e s man	2 NO Specify: N st of working	166. KIND OF BUSI		White
	17. FATHER'S NAME (First, Middle, Last)	1 54	Legitar	16. MOTHER'S NAME (iumame)	
TO BE	19a. INFORMANT'S NAME (Type/Print) Diana Morrow	4	MAILING ADDRESS (Street a	a Ct., G	len Burn	ie, Md	
	20e. METHOD OF OISPOSITION 1 Burlal 2 Cremation 3 Removal fr 4 Constion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSE	om State other plac	22. NAME AI	D ADDRESS OF FACILITIES AND ADDRESS OF FACILITIES	TY	Balto	
	23. PART i. Enter the disease, or compile shock, or heert fellure. List of iMMEDIATE CAUSE (Finel disease or condition resulting in desth)			de of dying, such as Hemodecul Tas culu			Approximate interval Between Onset and Daath
CERTIFICATION	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSCOR	WENCE OF: IHD	ascula - SIP 1	ndus MI.	•	
PHYSICIAN: MEDICAL C	PART II, Other significant conditions con	ntributing to death but not re	e I	g cause given in Par	rt i. 24s. WAS AN PERFORI	MEO?	b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:	OTHER:	LACE OF DEATH (Check			
BY PHYS	1 SQ YES 2 NO	Unpatient 2 ☐ ER/Outpatient 3 ☐ 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. IN.	IURY AT PRINCE 2 NO	Other (Specify)	JURY OCCURED	
	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At hon building, etc. (Specify)	ne, farm, street, factory, offic	20	81. LOCATION (Street e City or Town, State)	nd Number or Rura	l Route Number,
COMPLETED	Crieck only	To the best of my knowledge, des the basic of examination and/or in					(e) and manner se stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER A dnan - S	. Adawi	C1. M	29c. LICENSE NUMBE	ER	29d. DATE SIGNE	(Morith, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETEO CAUSE OF OEATN (ITEN	127) (Type, Print)	Bults	•		
	31. DATE FILED (Month, Day, Year) 10/B/1982 1990	Aclawi MPLETEO CAUSE OF OEATH (ITEM Sina, HO SP 32. REGISTRAR'S SIGNATURE	undelle.				

		FOR
1		STATE
IJ	_	REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG NO.

REG.	NO.	-

91 28980

_	REGISTRAN		- UL	- ITIIII	CATE	OI.	DEAL	111		HEG. NO.		20	2000
į,	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DA		YEAR	. TIME OF DEATH
		ncroft	Morto				,		Octob				:46 pm. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest		MONTHS 1	DAYS	IF UNDER	24 HRS.	7. DATE OF (Month, L	Day, Year)		8. BIRTHPL Country)	ACE (State or Foreign
	041241266	1 🖳 M 2 🗆 F	59	YRS.						03/3			ecticut
or	9a. FACILITY NAME (If not institution, give a				9b. CITY,	TOWN C	OR LOCATIO	ON OF DE	EATH		Balti	TY OF DEA	
5	FRANKLIN SQUARI	HOSPI'	TAL		ROS	SVI	LLE				Daru	поте	
DIRECTOR	10a. STATE 10b. COUNTY	1		10c. CITY	, TOWN OF	R LOCAT	TION					10	Od. INSIDE CITY LIMITS?
6	MD BALT	IMORE		ВА	ALTI	MOR	Ē					1	YES 2 NO
AL	10e. STREET AND NUMBER						. ZIP CODE	E			10g. CITIZ	EN OF WH	AT COUNTRY?
EB	6204 COMMONS RO	OAD					212	237			IIS	Α	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	YES 2 N	MED					NIC ORIGIN?		or No-	14. RACE - Black, V	- American Indian, White, stc.
ВУ	1 Never Married 2 Married 3 Wildowed 4 To Divorced	IF YES, GIVE V	WAR OR DATES		1	YES	2 000	Specify	y:			Specify:	
	15, DECEDENT'S EDU		V-VIETN		USUAL OC	CHIDATIC	ON .		16b K	IND OF BUS	SINESS/INDL	WHIT	E
	(Specify only highest grade Elementary/Secondary (0-12)		(Gi		vork done de			g	100.1	IND OF BOX	JINE 33/IND	Joini	
PL	g	College (1-4 br 5	LT	. cc	OLON	EL.			A	RMY			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTE	HER'S NA	ME (First, Mic		Surname)		
BE C							CHI	PPTST	TME	СПРТ	TCC		
TO B	19a. INFORMANT'S NAME (Type/Print)		196	. MAILING	ADDRESS	(Street a		-	Route Number			Code)	
F	CATHERINE M. JA	CKSON		9761	DE	LTO	N C	r. F	BALTO	. MD	21	234	
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem	ovel from State	20b. PLACE (other pla		RKWO		netery, crem	natory or		20c. LO	CATION — C	ity or Town	n, State
	4 Donation 5 Other (Specify)	~	-		DEN	S 0		TTI		BA	LTTM	ORE	
	21. SIGNATURE OF FUNERAL SERVICE LA	ENSGE			22, N	AME AT	ADDRES	SS OF FA	CILITY	,	~1		A
	1946	of No			Cir	ACh	110	eda	他台出	. (2)	n Cle	Buc	o there
	23. PART Enter the diseases, or shock, or heart failure.	complications the	it caused the de	ath. Do n	ot anter t	the mo	de of dy	ing, auc	h as cerdie	c or respi	ratory arre	st,	Approximata Interval Between
	IMMEDIATE CAUSE (Final			•									Onset and Daath
	disease or condition resulting in death)	Sepsis											
			(OR AS A CONSEC	DUENCE OF	F):								
ON	Sequentially list conditions,	Neutrop	OR AS A CONSEC	UENCE OF	٦:			-					
CERTIFICATION	if any, leeding to immediate cause. Enter UNDERLYING	Bladder				+>c	tasis	~					
F	that initiated evants		(OR AS A CONSEC			Las	Lasts	.					
FH	resulting in daeth) LAST	d											
	PART II. Other aignificent condition	s contributing to	death but not s	equiting I	In the unc	derlyin	C 001100 /	nives le	Part I	4s. WAS AN	ALITORRY	245.4	VERE AUTOPSY FINDINGS
EDICAL	Ileus, Hypertens									PERFOR	MED?	A	MAILABLE PRIOR TO
ă	- / Inport	Left	Hip Frac	ture	•				- 1	YES 2	NO	0	F DEATH?
Σ												1	YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					26 PI	ACE OF D	EATH (Ch	eck only one)				
PHYSICIAN:	EXAMINER?	HOSPITAL:	ER/Outpatient 3	Поод	OTHER	1:				O16.)			
HYS	27. MANNER OF DEATH	28a. DATE OF	FINJURY	28b. TIM	E OF	28c. INJ	JURY AT	esidence	8 Other (NJURY OCC	URED	
ВУ Р	1 Natural 5 Pending	(Month, L	Day, Year)	INJ	M		YES 2] NO					
	2 Accident investigation 3 Suicide 6 Could not be	28e. PLACE (OF INJURY — At ho	me, farm, s	street, facto	ory, offic	:0			ION (Street a	and Number	or Rural Rou	ite Number,
TE	4 Homicide determined		() () () () () () () () () ()						Oily G	iown, otate)			
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYS	CIAN: To the best o	f my knowledge, de	ath occum	ed at the tir	me, data	and place	, and due	to the cause	(s) end mai	nner as state	id.	
OM	one) 2 MEDITAL EXAMINE	R: On the beels of s	examination and/or i	nveetigatio	n, in my op	pinion, d	death occur	red at the	time, data a	nd place, ar	nd due to the	cause(a) a	and manner as stated.
ш	29b. SIGNATURE AND TITLE OF BEHTINE	1/ 1/			·		29c. LICI	ENSE NUI	MBER		29d, DATE	SIGNED (A	Aonth, Day, Year)
0	Dans	wat	Vago.				N/	'A			1	0/19	150
2	30. NAME AND ADDRESS OF PERSON WH												
	Dana Coates M.D.	, 9000 F	ranklin	Squa	re Di	rive	e, Ba	ltin	nore,	Mary]	land :	21237	
- 1	31. DATE FILED (Month, Day, Year)	32. REGISTR	AR'S SIGNATURE						the Hardinest				

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Proce 5 may be retained by the intended to THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be during the filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAN DIVISION OF VITAL RECORDS, P.O. BOX 13146,



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examiner must be notified at once.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
)	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
e futeral effection prove 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furnishments and second of detached
r de in Paye & may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the case after deith. Page 8 may be retained by the hosp
Chica III ou chica de la company	

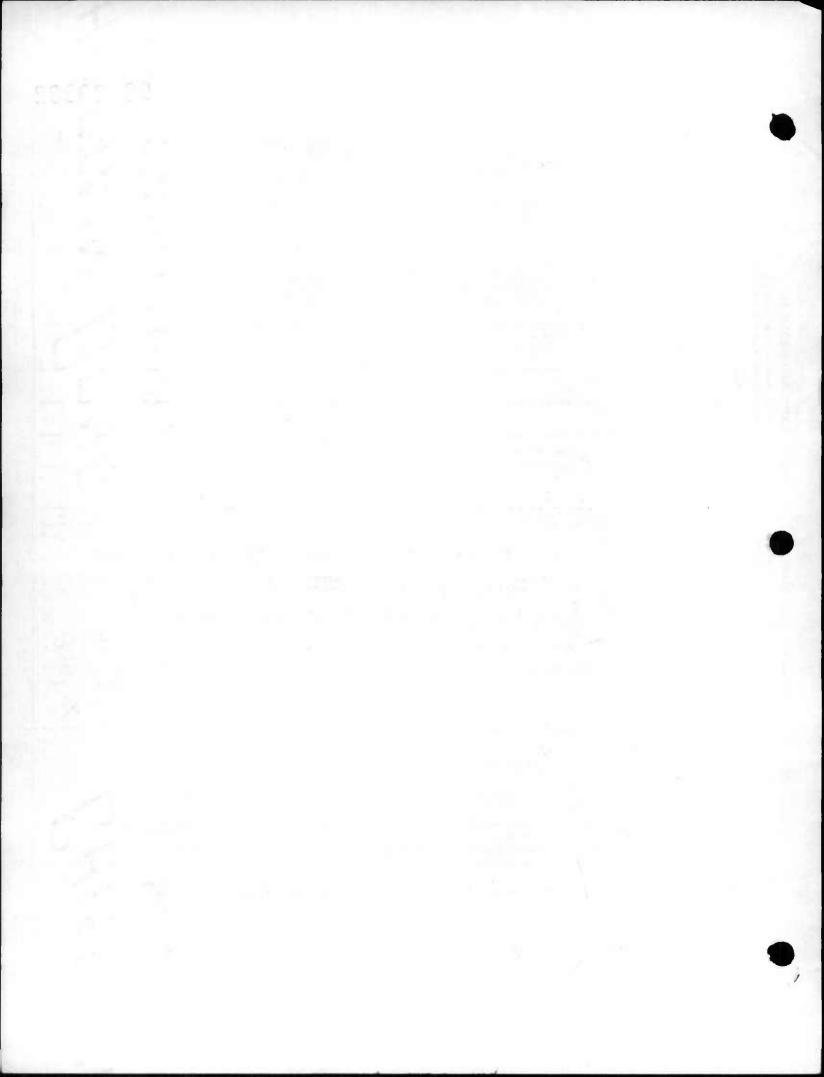
1 - STATE STATE CERTIFICATE OF DEATH REG. NO. 90 28981

	REGISTRAN		CI	ENTIFIC	AIL			HEG. NO	١.		
	1. DECEDENT'S NAME (First, Middle, Last) Wadeline M.	Marshal	ı			4		2. DATE OF DEATH	AY - 1 99	YEAR	3. TIME OF DEATH 7.125 CLM
	4. SOCIAL SECURITY NUMBER	5. SEX 6. /	AGE (In . — Ins	t birthday)	F UNDER 1 YE	AR IF UND	R 24 HRS.	7. DATE OF BIRTH	4	8. BIRTH	IPLACE (State or Foreign
	218_30_7250.	1 1 4 2 No	81	YRS.	ONTHS DA	YS HOURS	MIN.	(Month, Day, Year) 12-24-1		Ma.	w ryland
5	Francis Scott		. Cn		b. CITY, TO	Bal Bal			9c. COL	JNTY OF E	DEATH
5	RESIDENCE OF DECEDENT										
DINECTOR	10a. STATE 10b. COUNT	v Baltimore	:		timo						10d. INSIDE CITY LIMITS? 1 ☐ YES 2 🙀 NO
: 1	10e. STREET AND NUMBER					101. ZIP CO	DE		10g. CI	TIZEN OF	WHAT COUNTRY?
ONEUAL	1927 Oxley R	d.				212	222		Ţ	.S.	Α.
5	11. MARITAL STATUS	12. WAS DECEDENT EV			13. WAS	DECENDENT	OF HISPAI	NIC ORIGIN? (Specify Ye	s or No—	14. RAC	E — American Indian, k, Whita, atc.
	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1		NO		YES 2 R		n, Puerto Rican, atc.)		Spec	
- 11	15, DECEDENT'S EDU	ICATION .	16a DE	CEDENT'S U	FUAL OCCU	DATION		16b, KIND OF BI	IOINEGO/IN	DUIETRY	111111111111111111111111111111111111111
	(Specify only highest grade	completed)	(G	live kind of wo	rk done durir retired.)	g most of wor	dng	100. KIND OF BU	7311VE33/11V	DOSTAL	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	1	House	wife			н	ome		
	17. FATHER'S NAME (First, Middle, Last)			TOUSC	11 T T C	_	THER'S NA	ME (First, Middle, Maide			
	John Seuberth						Eva	i not intolog meto	. solarita)		
	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING A	DDRESS (St	reet and Numb		Route Number, City or To	wn, Stata. 7	ip Code)	
	Ms. Rose A. Co	viello						Finksbu			21048
·	20a. METHOD OF DISPOSITION 17 Burlet 2 Cremetton 3 Rem 4 Denetton 5 Other (Specify)		20b. PLACE	OF DISPOSIT	ION (Name	of cemetery, cr	matory or	20c. L	alto	- City or T	own, Stata
1	21. SIGNATURE OF FUNERAL SERVICE LI	CENSE	Dur	arre,y							
ŀ	- //	1			H	artl	ey M	iller Fu	nera	al H	ome
	Statley	Mille.						ord Rd.			Md. 2123
	23. PART I. Enter the diseases, or shock, or heart failured IMMEDIATE CAUSE (Final disease or condition	List only one cause	on each line							rreat,	Approximata interval Batween Onset and Dasth
	resulting in death)	a. Vento	AS A CONSE	OUENCE OF):	ipr	1/10/	107	arres	7		7:20am
	Sequantially list conditions,	b. V. f.	b w	th,	n /	2 h	0013	s previo	15/	γ	= 11:00p=
	If sny, leading to immediate cause. Enter UNDERLYING	. 0055	AS A CONSE	m	/						į
	CAUSE (Disease or Injury that initiated evants					/ .		1			14 .11
: 1	resulting in death) LAST	a gorti	C 57	eno-	sis	pull	non	my ede	ma	-	x months
	PART II. Other significant condition	ns contributing to da	ath but not	reaulting in	tha unda	rlying cause	given in	Part I. 24a. WAS A		7 24	b. WERE AUTOPSY FINDINGS
	HX CHF							PERFO	PAMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	Hx acrtic	stenos	2						A		OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL	T				26. PLACE OF	DEATH (C)	neck only one)			
	EXAMINER? 1 YES 2 NO	HOSPITAL:	l/Outpatient		OTHER:			8 Other (Specify)			
THI SIGNAL	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJ (Month, Day,	URY	28b. TIME INJU	OF 28	c. INJURY AT WORK?		28d. DESCRIBE HOW	INJURY O	CCURED	
	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF IN building, atc.		ome, farm, at		offica	□ NO	28f. LOCATION (Stree Cify or Town, Stat		er or Rural	Route Number,
:	4 Homicide determined										
COMIN CELEB	eeel .	SICIAN: To the best of my IER: On the basia of exam									(e) and menner as stated.
3	29b. SIGNATURE AND THE OF CEBRIFII	en					CENSE NU		29d. D/	TE SIGNE	O (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE	OF OEATH (ITE	EM 27) (Type, I	Print)					•	
		5.5									
Ì	31. DATE FILED (Month, Day, Year)	32, REGISTRAR'S									
	OCT 22 1990	Achia Davidso	n-Hand	ess.							

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND 21203-3146	1203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mount after death. Page 6 may be retained by the hospital or attending physicial	ar death. Page 6 may be retained by the hospital	or attending physici
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-to filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the funeral director, page 5 should be detached for wal.	or use as the burial-
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	il examiner must be notified at once.	

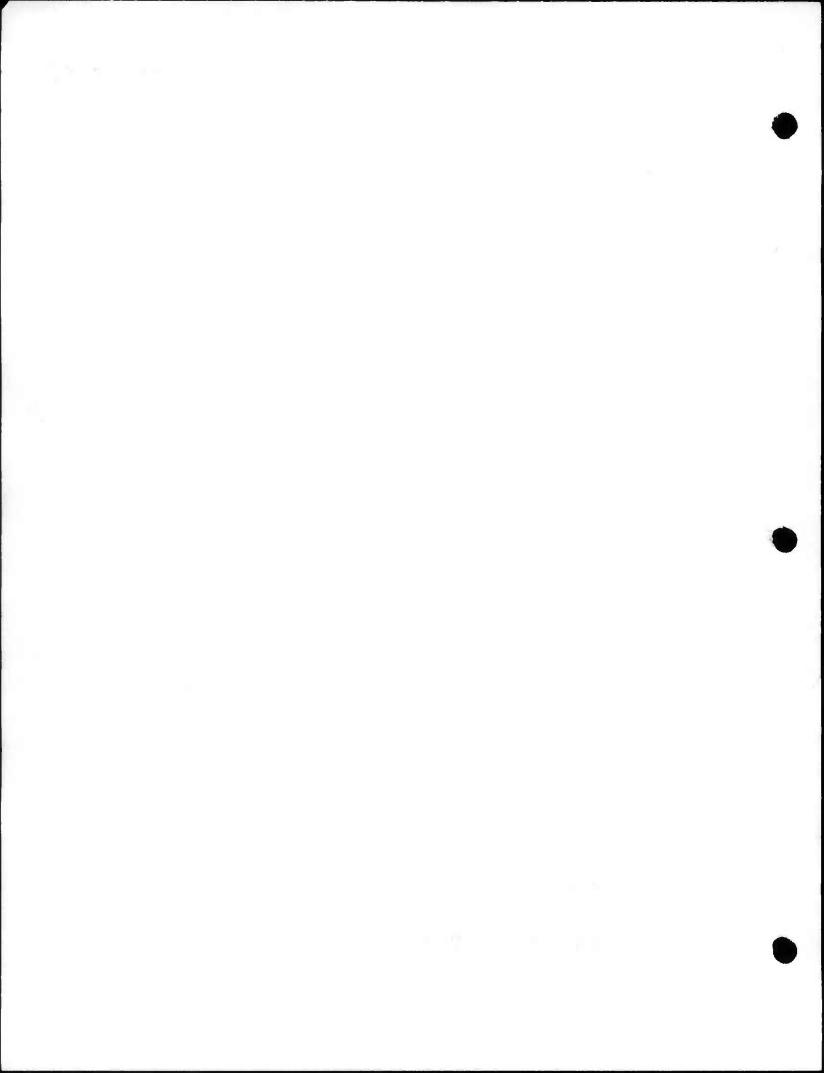
				CE	RTIFICATE	OF DEATH	REG. NO	IE (90 2898		
	1. DECEDENT'S NAME (First, Middle, Last)	M ARNO PE	小性野野	MITCHE	2. DATE OF DEATH MONTH D	3. TIME OF DEATH				
	4. SOCIAL SECURITY No. 217-38-33	551	5. SEX M 2 F	6. AGE (In yrs. lest b	YRS. MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8/30/194(Sc	BIRTHPLACE (State or Foreign Country) 11th CAROLINA		
TOR	9a. FACILITY NAME (# n UNIVERSI	TY HOSP	•			TOWN OR LOCATION OF D		9c. COUNTY	OF OEATH		
DIRECTOR	10a. STATE MARYLAND	10b. COUNTY	′		10c. CITY, TOWN OF				10d. INSIDE CITY LIMITS? 14 YES 2 NO		
FUNERAL	3314 EDM		AVE, BALT	TIMORE, M	₪.	101. ZIP CODE 21229		USA	OF WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4	Married	12. WAS DECEDEN	T EVER IN U.S. ARME YES 2 NO AR OR DATES	ED 13. V	WAS DECENDENT OF HISPA yea, specify Cuban, Mexic YES 2 NO Speci	an, Puerto Ricen, atc.)		14. RACE — American Indian, Black, White, etc. Specify: BLACK		
COMPLETED	15. (Specify Elementary/Secondar 1.2	DECEDENT'S EDUI only highest grade ry (0-12)	CATION	16a. OECE (Give life. D	lo NOT use retired.)	CUPATION uring most of working OFFICER	166. KINO OF BU		ARYLAND		
ш	17. FATHER'S NAME (First MATTHEWS		HELL	7 00111			AME (First, Middle, Maiden S GOLDEN		ame)		
TO B	194. INFORMANT'S NAM GLADYS N	ME (Type/Print) MITCHELL				(Street and Number or Rural ONDSON AVE,					
	20a. METHOD OF DISPOSITION 1 XBuriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ESTEP BROTHERS FUNERAL HOME, P.A. 1300 EUTAW PLACE, BALTIMORE, MD.										
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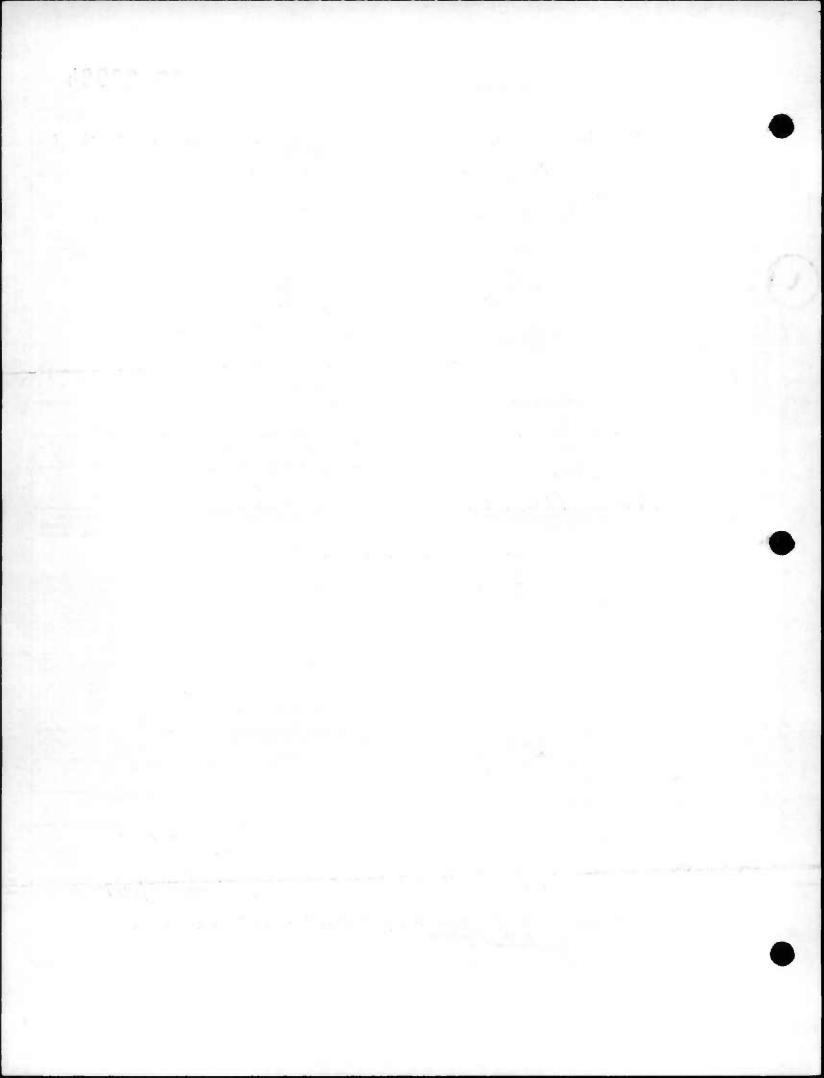


DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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COMPLETED	onel						late end place, end du				euse(e) en	d menner ee stated.	7
	29b. SIGNATURE AND TITLE		10				29c. LICENSE NU					nth, Day, Year)	\dashv
8	a	June	Contier				D020	22		10/	191	90	- 1
CJ I									_	_			_ J
요	30. NAME AND ADORESS OF	V				Print)	GBMC			_		1.4 -2	\dashv
٤	30. NAME AND ADDRESS OF Constantin 31. OATE FILEO (Month, Day, Y	nos P.		dris,	M.D.	Print)	GBMC 6701 N.		es St	., To	vson	, Md.	1



	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIEN REG. NO		.0004							
	POLAND MICHOLSON! No	MY YEAR 19 1990	3. TIME OF OEATH							
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 F 6. AGE (in yrs. last birthday) 1 VRS. 6. AGE (in yrs. last birthday) 1 VRS. 6. AGE (in yrs. last birthday) 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1 VRS. 1		Md							
DIRECTOR	Sinai Hospital Balto RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION		10d, INSIDE CITY							
		10g. CITIZEN OF	1 YES 2 NO							
FUNERAL		Blec	5. American Indian, ik, White, etc.							
ETED BY	3 Widowed 4 Divorced	JSINESS/INDUSTRY	· prace							
COMPLETED	1 (1 N) N 1 1 Ch. N	Clean Surname)	ing							
TO BE	16a. INFORMANT'S NAME (Type/Pyth) HOWard P. Nicholson 9513 Axehead Ct Range		21/33							
	20s. METHOD OF DISPOSITION 150 Burlai 2 Cremation 3 Removal from State 20s. PLACE OF DISPOSITION (Name of correctory, crematory or other place) 20s. METHOD OF DISPOSITION 20s. METHOD OF DISPOSITION 20s. PLACE OF DISPOSITION (Name of correctory, crematory or other place) 20s. METHOD OF DISPOSITION 20s. PLACE OF DISPOSITION (Name of correctory, crematory or other place) 20s. METHOD OF DISPOSITION 20s. PLACE OF DISPOSITION (Name of correctory, crematory or other place) 20s. METHOD OF DISPOSITION 20s. PLACE OF DISPOSITION (Name of correctory, crematory or other place) 20s. METHOD OF DISPOSITION 20s. PLACE OF DISPOSITION (Name of correctory, crematory or other place) 20s. METHOD OF DISPOSITION 20s. PLACE OF DISPOSITION (Name of correctory, crematory or other place) 20s. METHOD OF DISPOSITION 20s. PLACE OF DISPOSITION (Name of correctory, crematory or other place) 20s. METHOD OF DISPOSITION 20s. PLACE OF DISPOSITION (Name of correctory, crematory or other place) 20s. METHOD OF DISPOSITION 20s. PLACE OF DISPOSITION (Name of correctory, crematory or other place) 20s. METHOD OF DISPOSITION 20s. PLACE OF DISPOSITION (Name of correctory, crematory or other place) 20s. METHOD OF DISPOSITION 20s. PLACE OF DISPOSITION (Name of correctory, crematory or other place) 20s. PLACE OF DISPOSITION (Name of correctory, crematory) 20s. PLACE OF DISPOSITION (Name of correctory) 20s. PLACE OF DISPOSITION (Name of correctory) 20s. PLACE OF DISPOSITION (Name of correctory) 20s. PLACE OF DISPOSITION (Name of correctory) 20s. PLACE OF DISPOSITION (Name of correctory) 20s. PLACE OF DISPOSITION (Name of correctory) 20s. PLACE OF DISPOSITION (Name of correctory) 20s. PLACE OF DISPOSITION (Name of correctory) 20s. PLACE OF DISPOSITION (Name of correctory) 20s. PLACE OF DISPOSITION (Name of correctory) 20s. PLACE OF DISPOSITION (Name of correctory) 20s. PLACE OF DISPOSITION (Name of correctory) 20s. PLACE OF DISPOSITION (Name of correctory) 20s. PLACE OF DISPOSITION (Name of correctory) 20s. PLACE OF DISP	Wings 1	Hills Hd							
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or response.	abash piratory arrest,	Approximate							
	shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. CARDIOPULMONARY ARREST DUE TO (OR AS A CONSEQUENCE OF):		Interval Between Onset end Death							
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury C.									
CERTIFIC	that initiated events resulting in death) LAST									
MEDICAL C	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PERFO	RMED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 46. PLACE OF DEATH (Check only one)									
BY PHYS	1 LAN MIRUTER D Propring 1 MI 4 THE A THE A	INJURY OCCURED								
	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)									
TO BE COMPLETED			(e) and manner as stated.							
TO BE		29d, DATE SIGNE	0 (Morith, Day, Year)							
	JOJI URLANDA - SINAI HOSPITAL BELVEDERE AVE BA	LTIMORE	E, MD							
	OCT 22 1990 Julia Davidson Republic									



BALTIMONE, MARYLAND 21203-3146

my true concentral of ATTENDIAL DUNCHIAL. The law requires that the death parities he executed within a course after death. Day if the
TO THE MOSTING ON A ENDING PRINCIPLY, THE LAW INCOME WIND CO. CO. C. C. C. C. C. C. C. C. C. C. C. C. C.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physicien and completely filled in by the funeral difference that a determined for use as the
be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

ph. DATE FILED (Month, Day, Year)

	FOR		STATE OF B	MARYI AND	/ DEPAR	TMENT OF I	IFAITH AND	MENTAL HYGIEN		0 28985		
	STATE REGISTRAR	_				ICATE OF		REG. NO.				
	1. DECEDENT'S NAME (First,					79		2. DATE OF DEATH	. ve	3. TIME OF DEATH		
1	JOSEPH F.	OCHAB						монти 10 18	9) 12.22 A. M		
-1	4. SOCIAL SECURITY NUMBER	ER	5. SEX	8. AGE (In yrs.	last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. OATE OF BIRTH	8.1	BIRTHPLACE (State or Foreign		
	219 01 0179)	1 M 2 D F	71	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 5/23/1919		country) Iarvland		
ı	9a. FACILITY NAME (If not ins	titution, give s	treet and number)	-		9b. CITY, TOWN	OR LOCATION OF C		9c, COUNTY			
	NORTH ARUN		SPITAL			GLEN BUR	NIE, MARYL	AND		1.A.		
}		10b. COUNTY	1		10c. CI	Y, TOWN OR LOCA	TION	_		10d. INSIDE CITY		
	Maryland	Balt	imore		G1	en Burni	e			LIMITS?		
ļ	10e. STREET AND NUMBER						. ZIP CODE		10a, CITIZEN	OF WHAT COUNTRY?		
	922 Point P	lesan					21066		_	SA		
	11. MARITAL STATUS 12 Never Married 2 U S 3 Widowed 4 Divon			NT EVER IN U.S. A YES 2 [MAR OR DATES		If yes, sp		NIC ORIGIN? (Specify Yes an, Puerlo Rican, etc.)	0.250	14. RACE — American Indian, Black, White, etc. Specify: White		
		DENT'S EDU		16a.	DECEDENTS	USUAL OCCUPATI	ON	16b. KIND OF BU	SINESS/INOUST	RY		
	Elementary/Secondary (0-		College (1-4 or 5	+)	life. Do NOT u	work done during ma se retired.)	at or working					
	12th grade		- 7		Coa	st Guard		US Gov	erment			
	17. FATHER'S NAME (First, Mic	ddle, Last)	***				18. MOTHER'S N	AME (First, Middle, Maiden				
1	George Oc	hab					Mary	Ochab				
H	19a, INFORMANT'S NAME (Ty				19b. MAILING	ADDRESS (Street		Route Number, City or Tow	n. State. Zin Co.	de)		
ı	Josephine		7			•		altimore, M		*		
ı	20a, METHOD OF DISPOSITIO		<i>L</i>	205 BLAC		SITION (Name of ce			CATION City			
ı	1 Burial 2 Cremation	n 3 🗆 Rem	oval from State	other	place)	Heart C	metery, cremetory or	5/20/90 200.10	1900			
	4 Donation 6 Other (- 0	acred	Heart C	I Mary	Ва	ltimor	e, Md		
	21. SIGNATURE OF FUNERAL	SERVICE LIC	ZENSEE Z	P		Waite	NO ACCRESS OF F T Dabrov land Pai	vski rk Funeral	Chane 1			
4	Maller	1/0	Catro	usk	/		_		- 6			
	23. PART I. Enter the disahock, or he IMMEDIATE CAUSE (Findisesse or condition resulting in death)	ert fellure.	a. A	use on each II	na.	ia.	ode of dying, su	ch as cardiac or reap	ratory arrest	Approximate Interval Between Onset and Death		
	Sequentielly list condition if any, leading to immed cause. Enter UNDERLY!! CAUSE (Disease or injure)	diate NG	DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
	that initiated events resulting in death) LAS1	' (d									
5 Fund modulo								PRIT I. 24s. WAS AN PERFOI	WED?	24b. WERE ALTOPSY FINDINGS AWAR ARKE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
	25. WAS CASE REFERRED TO	MEDICAL				10.2	ACE OF DEATH //					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 24 NO 1 PAGE OF DEATH (Check only one) OTHER: 1 PAGE OF DEATH (Check only one) 14 PAGE OF DEATH (Check only one)												
		Pending Investigation	28a. DATE O	F INJURY Day, Year)				28d. DEŞCRIBE HOW	INJURY OCCUR	ED		
	3 Suicide 6 0	Could not be	28e. PLACE (building	OF INJURY — At I, etc. (Specify)	Rural Route Number,							
	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s							ue to the cause(a) and ma		ouse(s) and manager as waited.		
	296. SIGNATURE AND TITLE	IN	n/A	mu	M	1)	29c. LICENSE N	256	29d. DATE S	GNED (MOTITE PINE MAI)		
	30. NAME AND ADDRESS OF JORGE M. RAN	IREZ,	N.D. 7845	OARWOOD	ROAD	#205 GLE	N BURNIE,	MARYLAND 210	061 /	11		

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Larenda Tolonia

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

						TOATE	- 01			NEG. NO	,			
ľ	1. DECEDENT'S NAME (First, Middle, Last) WILSON W.					REDFEARN				2. DATE OF DEATH MONTH DAY YEAR 10 - 17-1990			2 200 M	
	4. SOCIAL SECURITY NUMBER		5. SEX 8. AGE (In yrs. less							7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreign		
	248-32-9665		1 Dal 2 F	64		MONTHS	DAY8	HOURS	MIN.	(Month, Day, Year)		Country)	
	9a. FACILITY NAME (If not instituti			04	i ma.			OR LOCATI		03/30/19			Carolina	
· ·			,							ATH	9c. COU	INTY OF O	EATH	
0	Liberty N	Medi	cal Ce	nter		E	Balt	imo	re					
DIRECTOR		COUNTY			10c. CIT	Y. TOWN C	R LOCAT	TION					10d, INSIDE CITY	
5	Maryland				D	-1+4							LIMITS?	
	10a STREET AND NUMBER				Б	<u>alti</u>	_	. ZIP COO	-		T 40+ C17		HAT COUNTRY?	
A I	2017 5		-				1				11.			
FUNERAL	3917 Bonne	er R	Oac.					212				U.S		
	1 Never Married 2 Marr	led	FORCES?	YES 2	XMO	1	f yes, sp	ecify Cubs	n, Mexica	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	a or No—	14. RACE Black	- American Indian, White, etc.	
A	3 Widowed 4 Divorced		IF YES, GIVE V	WAR OR DATES		1	YES	2 NO	Specify	r:		Specify:		
ED	15. DECEDEN	NT'S EDUC	ATION	160	DECEDENT'S	Heriai Or	CHIBATI	nu -		18b. KIND OF BU	CINECO	DUSTRY	Black	
	(Specify only high		completed)	0123	(Give kind of life. Do NOT u	work done o	during mo	at of working	ng	TOUR KIND OF BU	1314E33/1N	DOSTRY		
7	Elementary/Secondary (0-12)		College (1-4 or 5		emen	+ 54	nic	hor		0014	F 17	. 1	- 4	
COMPLET	17. FATHER'S NAME (First, Middle.	Last			emen	C II	HIS		115010 114	ME (First, Middle, Meider		ploy	ea	
	Ed Redfear								117-117		,			
BE	19a. INFORMANT'S NAME (Type/P									e Harrin				
2	Thelma Red			- 1						Route Number, City or Tox				
				_						Baltimo	ore,	MD	21216	
	20s. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3	□ Rema	wal from Syste		PLACE OF DISPOSITION (Name of certifier place)							City or Tov		
	4 Donation 5 Other (Spec		/	- Woo	odlawn Cemetery					Baltimore Co., MD Mutter Funeral Homes,				
	21. SIGNATURE OF FUNERAL SE	WIGE DG	ENSEE	1 1			NAME A	ND ADDRE	SS OF FA	Nutter Funeral Hom				
	ament	K	Ew	m. Iv	2501 Gwynns Fa Baltimore, Mar					Maryland	arviand 21216			
	23. PART i. Enter the disease	ses, or c	omplications the	t caused the	death. Do	not anter	tha mo	da of dy	ing, suc	h aa cardiac or reap	iratory ar	rest,	Approximate	
	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death													
	disease or condition		00	1	p	11	1						Onset and Death	
	resulting in death)		DUE TO	(OR AS A CON	SEQUENCE O	P:								
- 1		_	And	Vie 6	20100	La Por	1. L	la.						
CERTIFICATION	disease or condition resulting in death) a. Candinglaic Shock Due to (op/as a consequence of): Anoxic encephalquathy Due to (op as a consequence of):													
X	if any, leading to immediate cause. Enter UNDERLYING	"												
프	CAUSE (Disease or injury that initiated events	1.	DUE TO	(OR AS A CON	SEOUENCE OF):									
듄	resulting in death) LAST													
8		-												
MEDICAL	PART II. Other significant o		contributing to	death but no	ot resulting in the underlying cause given in			Part i. 24s. WAS AI	NAUTOPSY	24b.	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO			
음	Cor	<u> </u>								1 YES	2 CHO		COMPLETION OF CAUSE OF DEATH?	
¥													1 TYES 2 THO	
=										_				
<u> </u>	25. WAS CASE REFERRED TO ME	DICAL					26. PI	LACE OF D	EATH (Ch	eck only one)				
S	EXAMINER?		HOSPITAL:	ER/Outpetient	3 □ DOA	OTHER 4 Num			esidence	6 Other (Specify)				
PHYSICIAN	27. MANNER OF DEATH		26a. DATE OF	INJURY	28b. TIA	E OF	28c. INJ	URY AT	***************************************	28d. OESCRIBE HOW	INJURY OC	CURED		
	1 Natural 6 Pend		(Month, E	Day, Year)		JURY	WC	YES 2	NO.					
BY		rtigation	28e. PLACE (F INJURY — At	home, farm.	street, fact				281 LOCATION (Small	and Alumba	v or Promi P	outs Mumber	
COMPLETED	COUR	d not be mined	building	etc. (Specify)	, , , , , , , , , , , , , , , , , , , ,		ory, orno			261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
	29a, CERTIFIER													
린	(Check only									to the cause(a) and me				
Š.	2 MEDICAL	EXAMINER	R: On the basis of e	xamination end/	or investigati	on, In my o	pinion, d	leath occu	red at the	tima, date end place, a	nd due to t	the cause(s)	and manner as stated.	
BE C	29b. SIGNATURE AND TITLE OF	CERTIFIER	4		,	-		29c. LIC	ENSE NUI	MBER	29d. DA	TE SIGNED	(Month, Day, Year)	
	/ m	Thy	PE	R	43	der	>	03	929	7	•	10/1	7/90	
2	30. NAME AND ADDRESS OF PER	RSON WHO	COMPLETED CAU	SE OF DEATH (TEM 27) (Type									
ł	MICHAEL K	Ro	5 640	1	IBER	TY 1	16	DICAL		2NTER				
1	31. DATE FILED (Month, Day, Year)			AR'S SIGNATURI		•	-				,			
	0079010	200	80. K	٠., د										

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the huntral separation of the physician and completely flied in by the funeral director, page 5 should be detached for use as the purial-transit permit. Pages 1, 2, 3 should be flied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical committee it enetting at once. BALTIMORE, MARYLAND 21203-3

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-16 Rev 1/89

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ner must be notified at once. TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificule be executed within TO THE FUNERAL DIRECTION. After this certificate has been signed by the attending inhection and compensity be filed within 72 hours after death with the State Dept. of Health and Mental Hygies, since in burial, cremities, or IMPORTANT: If I lem 28 is marked, or Item 23 shows any injury, or other traumalic event, the minimum of the compensity of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of

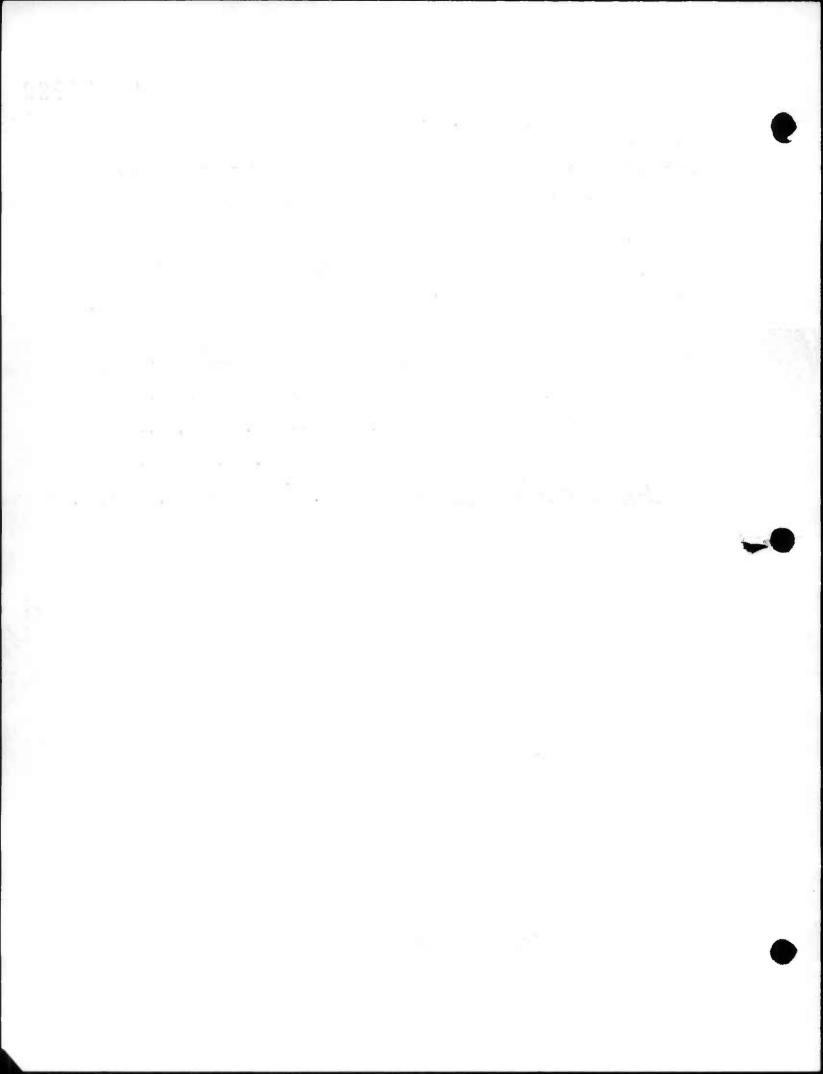
	FOR 1 - STATE REGISTRAR	STATE OF M) / DEPAR Certif						HYGIENI REG. NO.	E	90	28987
	1. DECEDENT'S NAME (First, Middle, Last)			OLIVIII	IOAT.		טבא.	· ·	2. DATE OF	DEATH		T T	3. TIME OF DEATH
	Elizabeth May Re	nner					ì		MONTH	Det M	19	YEAR	1655 M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs.	last birthday)	IF UNDER		IF UNDER	-	7. DATE OF (Month, D			8. BIRTHP Country)	LACE (State or Foreign
1	219-12-8946	1 🗆 M 2 💢 F	67	YRS.	MONTHS	DAYS	HOURS	MIN.	9-6-				yland
1	9a. FACILITY NAME (If not institution, give si	treet and number)			9b. CITY	, TOWN C	R LOCATIO	ON OF OE	ATH		9c. COU	NTY OF DE	ATH
l o	St. Agnes Hospita	al ,			В	alti	more						
등	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	Y		10c, CIT	Y. TOWN	OR LOCAT	ION						10d. INSIDE CITY
DIRECTOR	Maryland Bal	timore		р	arkv	i11e							LIMITS?
1 1	10e. STREET AND NUMBER	CIMOIC			al icv		. ZIP CODE				10g. CIT		HAT COUNTRY?
ER/	7800 Tilmont Ave						2	1234				U.S.A	
FUNERAL	11. MARITAL STATUS	12 WAS DECEDEN	T EVER IN U.S.	ARMED					IC ORIGIN? (- American Indian, White, etc.
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE V	MAR OR DATES	X			2X NO			ni, vic.)		Specify	
	15. DECEOENT'S EDU	CATION	100	DECEDENT'S	I III III O	CCUBATIO	DN .		I san vi	ND OF BUS	INECCIN		White
COMPLETED	(Specify only highest grade Elementery/Secondery (0-12)	completed) College (1-4 or 5		(Give kind of life. Do NOT u	work done se retired.)	during mo	st of worldn	g	100.70	ND OF BUS	SINC 33/IIN	DOSINI	
<u> </u>	8th grade	College (I-4 of 5	"	Home	make	r				wn h	ome		
O O	17. FATHER'S NAME (First, Middle, Last)			•			18. MOTI	ER'S NAM	AE (First, Mide	dle, Maiden	Surname)		
l m	Richard Henry Cr	ompton					Ros	se So	chwart	Z			
9 2	19e. INFORMANT'S NAME (Type/Print)								loute Number,				
۱۴	Muriel Crompton								altimo	-			
	20g, METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Rem	oval from State	othe	CE OF DISPO								City or Tow	
	4 Donellon 5 Other (Specify)	CENSPE	_ Garr	cison			etera			OW1	ngs .	Mills	, MD
1 1	II, sidning of Policine seminary	1/)		H·	ubba	rd F	ınera	al Hon	-			
\vdash	Krimma	Teles	son										21229
	23. PART I. Enter the diseases, or canonic shock, or heart failure.	Complications the List only one ca	at caused that use on aach	daath. Do iina.	not anta	r tha mo	da of dy	ing, such	n as cardia	c or reap	iratory a	reat,	Approximata Intarval Batween
1.5	iMMEDIATE CAUSE (Final disease or condition	MET.	A C T A	Ti	00	FAC		C A	D	10.0	. 4.		Onset and Death
	resulting in death)		OR AS A CON			- M	> !	UA	NC17	VOM	1/1_		15 45
-			,										
2	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CON	ISEQUENCE (OF):								
2	cause. Entar UNDERLYING CAUSE (Disease or Injury	C											
間	that initiated events	DUE TO	OR AS A CON	ISEOUENCE (DF):								
CERTIFICATION	300000000000000000000000000000000000000	d											
CAL	PART II. Other aignificant condition	na contributing to	death but n	ot reauiting	In the u	ndariyin	g cause	given in	Part I. 2	4a. WAS AN		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
									_ 1	YES 2	NO M		COMPLETION OF CAUSE OF DEATH?
MED													1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					00.00	105.05.0	EATH OF					
100	EXAMINER? 1 YES 2 NO	HOSPITAL:	□ EB/Oute elice	n	OTHE	R:			eck only one)				
¥	27. MANNER OF DEATH	28e. DATE O	F INJURY	28b. TII	ME OF	28c. IN.	JURY AT	esidence	6 Other (3		INJURY O	CCURED	
	1 Natural 5 Pending	(Month,	Day, Year)	I IN	JURY M		YES 2	NO					
D BY	2 Accident investigation 3 Suicide 8 Could not be	28e. PLACE	OF INJURY — A	l home, farm,	street, fac	ctory, offic	:0			ION (Street Town, State)		er or Runal R	oute Number,
	4 Homicide datermined		, are (opcosty)						Oily or	ionn, otato)			
COMPLETED	Check only 1 CERTIFYING PHYS	UCIAN: To the best o	of my knowledge	, death occur	red at the	Ilme, date	and place	, and due	lo lhe cause	(e) end me	nner ee st	ated.	
OM	one) 2 MEDICAL ERAMINE	ER: On the beels of	examination and	d/or investigat	lon, In my	opinion,	death occu	red at the	lime, date ar	nd place, ar	nd due lo	lhe cause(s)	and manner ea stated.
BE C	290 SIGNATURE AND TITLE OF CERTIFIE	n a	1-1/	1			29c. LIC	ENSE NUN	ABER		29d. DA	TE SIGNED	(Month, Day, Year)
5 B	1 aux	. Ja	DALL	-8)14	419		•	10/1	9/9/5
-	30 NAME AND A CORESS OF PERSON WI	RIFFIT	2	908	/1	ATO	NA	Jue	- Î	374	J .	Mi	21229
	31. OATE FLUCT 2 2 1990	June 1	AR'S SIGNATUR	andelle								-	

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DS, P.O. BOX 13146, BALLIMOHE, MAHYLAND	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the mount after theilb. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed, third the tuneral director, page 5 should be determined within 72 hours after death with the State Deot, of Health and Mental Hydiere prior to burial, cremated, in removed	MADDEAUTH Have 99 is marked as Hom 92 share any injury or other trainmails event the medical armines mine he mailted
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires the	TO THE FUNERAL DIRECTOR: After this certificate has been stoned by the attending physician and completed, then the turners of and within 72 hours after clearly with the State Deot, of Health and Mental Hydiere prior to burial, cramaters, an encounter	IMBORTANT: H Ham 28 is marked or Ham 23 shows an

Me as the burial-transit permit, Pages 1, 2, 3 should

1 - STATE REGISTRAR		STATE OF M	ARYLAN	ID / DEPAR				MENTA	REG. NO.	E	90	28988
1. DECEDENT'S NAME (First,	Middle, Lest)	CLARENC		RICHA	RDSO!	N		2. DATI	E OF DEATH	7 92	3. °	TIME OF DEATH PM
4. SOCIAL SECURITY NUMBER 218-64-0	5136	5. SEX 1 M 2 F	6. AGE (In)	yrs. lest birthday) 4 YRS.		AYS HO	UNDER 24 HRS.	07	© F BIRTH Ith, Day, Year) -25-56	_ (BIRTHPLA Country)	CE (State or Foreign
98. FACILITY NAME (If not in Mercy Hos RESIDENCE OF DEC	spita						imore		ty	9c. COUNTY		1
Maryland	10b. COUNT	one			ty, Town on		City					I. INSIDE CITY LIMITS? YES 2 NO
10e, STREET AND NUMBER	d St					10f. ZIP				10g. CITIZEN	OF WHAT	
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo	Married	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES	2 NO	ff y	S DECENDE S, specify		an, Puerto	IN? (Specify Yea Rican, etc.)	or No 14.		American Indian, hita, etc.
(Specify only Elementary/Secondary (0		JCATION e completed) College (1-4 or 5+			work done duri se retired.)	JPATION ing most of	working	16	b. KIND OF BUS	SINESS/INDUST	rry	
11 th grade		none		Wel	der	10.	MOTHER'S N	AME (First	Middle, Malden	dus	5+	74
		J. Lawso	n			-			e Rich		n	
Annette Pa				19b. MAILING 1817					Balto			13
20a METHOD OF DISPOSIT A Burial 2 Crematic 4 Donation 5 Other	(Specify)		0	ther place)	d Nat	iona	al Me	m. I	ok Tie	cation - chy	Ma	mul and
21. SIGNATURE OF FUNERA	L SERVICE LI	B. SCH	aac	Sn	²²¿'a	E. 2 E.	DORESS OF F	Scru stor	aggs F	unera et.Ba	l H	ome .Md. 212
iMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injurtant initiated events resulting in death) LAS	ions, dieta	b. Preum DUE TO	OR AS A C	ONSEQUENCE O)F):							Onset and Death
PART II. Other significa		ns contributing to	death but	not resulting	In the unde	ortyling ca	use given l	n Part I.	24a. WAS AN PERFOR 1 YES 2	RMED?	AM CO OF	RE AUTOPSY FINDINGS NLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED 1 EXAMINER? 1 VES 2 NO	O MEDICAL	HOSPITAL:	ER/Output	ient 3 🗆 DOA	OTHER:		OF DEATH (C					
27. MANNER OP DEATH 1 Natural 5 2 Accident	Pending Investigation	28e. DATE OF (Month, D		28b. 111	ME OF 2	Bc. INJURY WORK?	' AT	_	EȘCRIBE HOW I	NJURY OCCUR	ED	
a D Butette -	Could not be determined		F INJURY etc. (Specify	- At home, farm,	street, factor	r, office			CATION (Street ty or Town, State)		Rural Rout	Number,
anal anny		SICIAN: To the best of IER: On the basis of e									ause(s) ar	d manner as stated.
296. SIGNATURE AND TITLE	ОК СЕНТИЧ	Cur -o				29	DOY	UMBER 56		29d. DATE S	IGNED (M	onth, Day, Year)
30. NAME AND ADDRESS O	Kws	27	5- Gr	een S	a, Print)	Pert	Mus	him	o, R	alten	no l	V)
31. DATE FILED (Month, Day	990	32 REGISTRA	AS SIGNAT	andell								



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-	Z	틾	Sal	12
- 6	TO THE HOSPITAL DR ATTENDING PHYSICIAN, THE TAW REQUIRES THAT THE DEATH CENTIFICATE DE EXECUTED WI	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comple	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cre	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic even
	A	Y	2	-
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	분	물	Pa	P.
1	2	2	90	H
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FOR 1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIEN	_	0 2898
1. DECEDENT'S NAME (First, Middle, Les	ROBINS		ICATE OF	DEATH	2. DATE OF DEATH MONTH DA		3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER ZIX-48-6011	5. SEX , 6. AGE (II	n yrs. lest birthday)	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	94 0.81	RTHPLACE (State or Foreign ountry) MARYLAND
9a. FACILITY NAME (If not institution, gived LEVINDALE RESIDENCE OF DECEMENT	e street and number)			BALTIMORE		9c. COUNTY O	F DEATH
LEVINDALE RESIDENCE OF DECEMENT 10a. STATE 10b. COUP MARYLAND	Т	10c. CIT	y, town or locat BALTIMOI				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER 3104 BANCROFT RI 11. MARITAL STATUS	D., APT. A	_	10	21215	5		OF WHAT COUNTRY?
3 K Widowed 4 □ Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR DA	2 XNO	If yes, sp	ENDENT OF HISPAN ecity Cuban, Maxica 2 (XNO Specify	IIC ORIGIN? (Specify Yearn, Puerto Rican, atc.)	В	ACE — American Indian, Black, Whita, atc.
15. DECEDENT'S El (Specify only highest gra Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPATION Work done during mose retired.)	ON at of working	16b. KIND OF BU	SINESS/INDUSTR	Υ
Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Last)		HOU:	SEWIFE		1	AT HOME	
17. FATHER'S NAME (First, Middle, Last)				The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa	ME (First, Middle, Maiden	Sumame)	
SOLOMON ADLE	₹				ARY UNKNO		
198. INFORMANT S NAME (Type/Print)	raa				Route Number, City or Tow		
PROS. CAROLIN WE.				SWOOD RD.			
20s. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Real A Donation 6 Other (Specify)	amoval from State	other place)	SITION (Name of centile) AMUNO (AI	netery, crematory or RLINGTON)		CATION — CHY O	
21. SIGNATURE OF FUNERAL SERVICE	CICENSEE LUN		SOL		BROS, IN STOWN RD.	NC. BALTO	.,MD 21215
23. PART / Enter the diseases, of short, as facet failur immediate cause (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in deeth) LAST	a. DEN ESSA DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE C	ਸ: ਸ:				Interval Betwee
that initiated evants resulting in deeth) LAST	d	CONSEQUENCE C	(F):				
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 HO 27. MANNER OF OEATH	iona contributing to death be	ut not resulting	In the underlyin	g ceuse given in	Part I. 24e. WAS AN PERFO! 1 YES :	RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL	<u></u>		24.0	LACE OF OEATH (Ch			
EXAMINER?	HOSPITAL:	etlest 2 7 DOS	QTHER:				
27. MANNER OF OEATH	28a. DATE OF INJURY	28b. Til		JURY AT	8 ☐ Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURE	D
	(Month, Day, Year)			DRK?	-	-	
2 Accident investigation 3 Suicide 6 Could not 1 4 Homicide detarmined	28a. PLACE OF INJURY building, etc. (Spec	— A1 home, farm,	atreet, factory, offic	:0	281. LOCATION (Street City or Jawn, State		iral Route Number,
(Orloan only)	YSICIAN: To the best of my knowl						use(a) and manner as stated.
1 346 SIGNATURE AND THE EXCE CRITTI				√29c. LICENSE NUI		,	
Assert		MET	20	D 300	- 4 4	AND DATE SIG	NED (Month, Day, Year)
BE NAME AND ADDRESS OF PERSEN	WHO COMPLETED CAUSE OF OE	ATH (ITEM 27) (Typ	a, Print)	V57 202	Ale	Rota	21215
31. DATE FILED (Month, Day, Year) OCT 2 2 1990	32. REGISTRAR'S SIGN	ATURE Condell	1000	· vo Cal	1116	SUR M	11/0/00

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	1 - FOR STATE REGISTRAR	TE OF MARYLAND / DEP CERT	PARTMENT OF HEATIFICATE OF D		REG. NO.	90 28990
	1. DECEDENT'S NAME (First, Middle, Lest) Chamberlar	nd Junior	Robinson	2.	DATE OF DEATH DAY 10-14-90	year 9:15PM m
	213 00 2301 X	4 2 □ F 29 YR	S. MONTHS DAYS H	OURS MIN.	ATE OF BIRTH Month, Day, Year) 3-11-61	6. BIRTHPLACE (State or Foreign Country) Md .
TOR	98. FACILITY NAME (If not institution, give street and a superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript of the superscript o	number)		ore City	9c. C0	DUNTY OF DEATH
DIRECTOR	Md . 106. COUNTY	10c.	CITY, TOWN OR LOCATION Baltimore	Y		10d. INSIDE CITY X LIMITS? 1 1 YES 2 1 NO
FUNERAL	100. STREET AND NUMBER 800 N. Broadway		101. ZI	21205	10g. C	TIZEN OF WHAT COUNTRY?
B	4 Stown Montage 2 Stombod FOI	S DECEDENT EVER IN U.S. ARMED RCES? 1 □XYES 2 □ NO VES, GIVE WAR OR DATES	If yes, speci	DENT OF HISPANIC O by Cuben, Mexican, Pu M NO Specify:	RIGIN? (Specify Yes or No— arto Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify: black
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) Colleg	(Give kind iffe. Do NO	nt's usual occupation of of work done during most of use retired.) ting Sales	of working	16b. KIND OF BUSINESS/I	NDUSTRY
COMPL	17. FATHER'S NAME (First, Middle, Last)			6. MOTHER'S NAME (First, Middle, Malden Surname)
BE C	George J.Robinson			Virginia		
2	19s. INFORMANT'S NAME (Type/Print)				Number, City or Town, State,	
	Regina C. Robinson	20b. PLACE OF OIS	29 Huron St SPOSITION (Name of cemet		re, Md 2123	— City or Town, Stata
	1 Burial 2 Cremetion 3 Removal from	m State other place)	Forest Vet		Owins M	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND	ADDRESS OF FACILITY	Υ	
	JM C. Bron	on	William	C. Brown	n F/H 1206 W	1. North Ave.
	23. PART i. Enter the diseases, or complice ehock, or heart feliure. List on		Do not enter the mode	of dying, such as	cardiac or respiretory	arrest, Approximate interval Between
	IMMEDIATE CAUSE (Fine)	ITE NARCOTIC IN OUE TO (OR AS A CONSEQUENCE				Onset and Death
CERTIFICATION	Sequentielly liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A CONSEQUENCE DUE TO (OR AS A CONSEQUENCE		-	ı	
CER	d					
MEDICAL	PART ii. Other significent conditione contr	fbuting to death but not result	ing in the underlying o	cause given in Par	24a. WAS AN AUTOPS PERFORMED? XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLA	CE OF DEATH (Check of	only one)	
SIC		PITAL: spetlent 2 - ER/Outpetlent 3 - DO	OTHER: 0A 4 Nursing Home	5 X Xesidence 6	Other (Specify)	
ву РНУ	27. MANNER OF DEATH 2. 1 Neturel Pending 1 2 Accident Investigation	60. DATE OF INJURY (Month, Day, Year)	TIME OF 126c. INJURY WORK	S 2 NO SU		NARCOTICS
	4 Homicide determined	6s. PLACE OF INJURY — At home, fa building, etc. (Specify)	arm, street, factory, office		f. LOCATION (Street and Num City or Town, State) 800 ALTIMORE CI	TY, BRANKET #1-E
COMPLETED	CONSCR ONLY	the best of my knowledge, deeth or the basis of axamination and/or investi				atated. o the cause(s) and menner as stated.
TO BE C	296 SIGNATURE AND TITLE OF CERTIFIER	Thele		OCME	29d. E	DATE SIGNED (Month, Day, Year) 10-15-90
-	MARGARITA A. KORELI			Street, E	Baltimore,MD	21201 v
		Jandon-Aundale	-			

- REGISTRAR		CERTIFIC	ATE OF DEATH		REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)		NAN la	150 A/	2. DATE MONTH	OF DEATH DAY	YEAR	3. TIME OF DEATH
MELVIA	/ //	RUSIN	30 20	10	19	90	810 BH
4. SOCIAL SECURITY NUMBER 23 1 - 10-3696	5. SEX 6. AG		UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN.		OF BIRTH 1, Day, Year) - 19-1920	8. BIRTH Count	PLACE (State or Foreign
9a. FACILITY NAME (If not institution, give structure) HIMEWAN HESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		Certer !	CITY, TOWN OR LOCATION OF	DEATH C		UNTY OF D	DEATH
10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCATION		,		10d. INSIDE CITY LIMITS?
		Ba	tiMore.	Md			1 XYES 2 NO
10e. STREET AND NUMBER 2854E. Fede 1. MARITAL STATUS 1. Namer Married 2. Married		7	101. ZIP CODE 2/2/	3		71.	S, A,
1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OF	S 2 NO	13. WAS DECENDENT OF HISP If yes, specify Cubin, Mexi 1 TYES 2 W NO Spe	ican, Puerto I	I7 (Specify Yas or No.— Rican, etc.)	Spec	E — American Indian, k, White, etc.
15. DECEDENT'S EDUC (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify o		16e. DECEDENT'S USG (Give kind of work life. Do NOT use re	done during most of working	16b	KIND OF BUSINESS/II	DUSTRY	JACK N
ă — L		SUPER			5-66	160	
17. FATHER'S NAME (First, Middle, Last) RICHALY & T	ObINSA	N	18. MOTHER'S	NAME (FIRST, I	Middle, Melden Surname)		
19a, INFORMANT'S NAME (Type/Print) MEIVIN A	Robins	177, 196. MAILING AD	BEET INVO	NAVA	ber, City or Town, State, 2	ip Code)	o Notabor
20s. METHOO OF DISPOSITION 1 & Buriel 2 Cremation 3 Remo	wal from State	other place) Ball	ON (Name of cometers, crematory of	ester	V Bahl	City or To	own, State
21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	1	22. NAME AND ADDRESS OF	FACILITY	Tollick	F. H.	
23. PART I. Enter the decases, or co	emplications that cau	sed the death. Do not	2431E,01	IVEI	7 Str	1/2	Approximata
ahock, or heart failure. I	Liet only one cause or $IMETA$:	n each iine.	A OF PRO				interval Between Onset and Death
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE OF):					
	s contributing to deat	h but not resulting in 1	he underlying cause given	in Part i.	24a, WAS AN AUTOPS	y 24	b. WERE AUTOPSY FINDINGS
4	ATIVA	AN	EMIA		PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
2							, , , , , , , , , , , , , , , , , , , ,
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 SAMO 27. MANNER OF DEATH	HOSPITAL:		28. PLACE OF DEATH (Check only o	ne)		
1 YES 2 10	1 Inpatient 2 ER/C	Outpatient 3 DOA 4	☐ Nursing Home 5 ☐ Residence		or (Specify) SCRIBE HOW INJURY O	COURED	
1 Return 5 Pending 2 Accident Investigation	(Month, Day, Yee	nr) INJUR	WORK? M 1 YES 2 NO				
2 Pudelde —	26s. PLACE OF INJ building, stc. (S	URY — At home, farm, stre Specify)	et, factory, offica		CATION (Street and Numl or Town, State)	oer or Rural	Route Number,
900)			nt the time, data and place, and on my opinion, death occured at i				(a) and manner se stated.
29b. SIGNATURE AND TITLE OF CERTIFIER D O O O O O O O O O O O O	how Il	breta,	29c. LICENSE P D 3/4	NUMBER 905	29d. D	ATE SIGNE	P (Month, Day, Year)
	O COMPLETEO CAUSE OF	DEATH (ITEM 27) (Type, Pri	HOMEWOOD	Hos	PATAC	ce	NIER
31. DATE FILED (MoAM, Day, Year)* OCT 2 2 199	32. REGISTRAR'S S	IGNATURE WIGHT RANGE			1517	CITE	rod - tj

medical examiner must be notified at

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, crem. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the

DHMH-16 Rev 1/89

and the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second o TO SERVE THE STREET, THE SERVE STREET, THE SERVE STREET, THE SERVE STREET, THE SERVE STREET, THE SERVE STREET, 6.44 5.655,656 and the contract of the second of the second Alle I straight in the second second second the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s

BALTIMORE, MARYLAND 21203-3146 there death. Page 6 may be retained by the hospital or attending physician. The funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should movel.

seal examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and complete be filed within 72 hours after death with the State bept. of Health and Mental Hygiene prior to burital, cremimpORTIANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event,

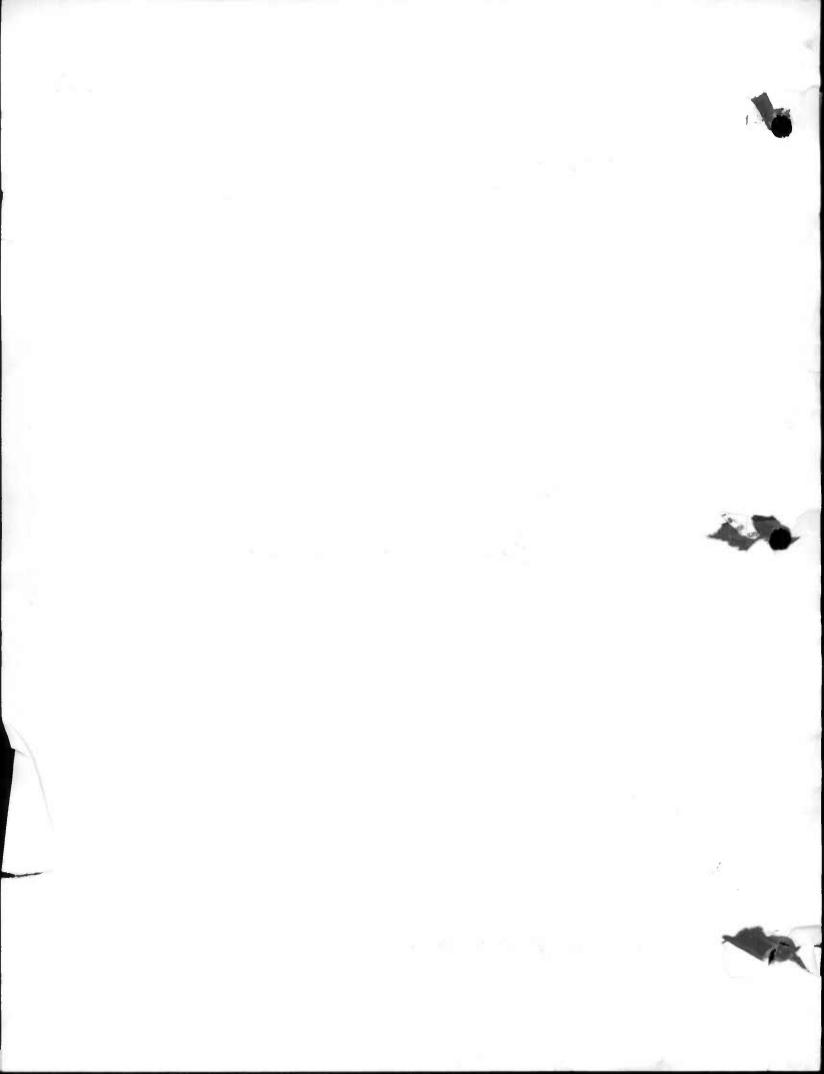
6	3	-	
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1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO

90 28992

_	TECHOTIFIC	OLIT!	HIOAIL		DEAIII	NLO. N	·.	
i	1. DECEDENT'S NAME (First, Middle, Lost) Ches	ester C.	Szyma	nski		2. DATE OF DEATH MONTH	DAY 21	SEAR 3. TIME OF DEATH
- 1		AGE (In yrs. lest birthd	ay) IF UNDER	1 VEAD	IF UNDER 24 HRS.	7. DATE OF BIRTH	0.1	6. BIRTHPLACE (State or Foreign
	212-14-9147 IXM20F	68 YR	MONTHS	DAYS	HOURS MIN.	(Month, Day, Year)	121	Country) Maryland
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY	, TOWN O	R LOCATION OF DE	ATH	9c. COL	JNTY OF DEATH
DIRECTOR	HANDOR HOSPITAL CENTER		Bo	It!	$\eta D = 2$	11230	Cu	ty of Baltimace
ᆲ┃	10e. STATE 10b. COUNTY	10c.	CITY, TOWN	OR LOCATI	ON			10d. INSIDE CITY
	Maryland =====		Balt:	imore	9			LIMITS?
4	10e. STREET AND NUMBER			10f.	ZIP CODE		10g. CIT	TIZEN OF WHAT COUNTRY?
FUNERAL	703 Pontiac Avenue				21225			U.S.A.
5	11. MARITAL STATUS 12. WAS DECEDENT EVEN FORCES? 1	YER IN U.S. ARMED				IIC ORIGIN? (Specify n, Puerto Ricen, etc.)	es or No—	14. RACE — American Indian, Black, While, etc.
6	1 Never Merried 2 X Married IF YES, GIVE WAR World Wan	OR DATES			2 NO Specify			Specify: White
E	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16e. DECEDEN (Give kind	IT'S USUAL O	CCUPATIO during mos	N t of working	16b. KIND OF I	USINESS/IN	IDUSTRY
COMPLEI	Elementary/Secondary (0-12) College (1-4 or 5+)	1.00	te Sal			Groc	iora	
2	6th Grade	Rou	te Sal	.esma				
3	17. FATHER'S NAME (First, Middle, Lest)				_	ME (First, Middle, Maid		
4	Alexander Szyma				Jenni			
2	19e. INFORMANT'S NAME (Type/Print)	1				Route Number, City or		
-	Ethel D. Szymanski							yland 21225
	20e. METHOD OF DISPOSITION 1 □ Burial 2 □ Cremation 3 □ Removal from State	20b. PLACE OF DIS						- Cify or Town, State
- 1	4 Donellon 5 Other (Specify)	Ma. St			ns Cemet			ville, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Dan	0 22			once Fune Hwy. Ba		ome P.A. re, Md. 21225
┪	23. PART I. Enter the diseases, or complications that or	bused the deeth. I	Do not enter					
	ehock, or heert fellure. Liet only one ceuse	on each line.						Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	0.0		A	0 , = 1	6 . 0 .)	Onset one Deeth
	resulting in death) e. OUE TO (OF	AS A CONSEQUENCE	E OFFI:		M my	and a		
,	- ALTE	170301	SRAT	(C	CARY	HOVAS	CUL	AL
2	Sequentielly liet conditions, If any, leeding to immediate	AS A CONSEQUENC	E OF):			ando 10VAS	mes	21
HILICATION	cause. Enter UNDERLYING					- 4		
፤	triat illitiated events	AS A CONSEQUENC	E OF):					
	resulting in deeth) LAST							
5	PART II. Other eignificant conditions contributing to de	oth but not requit	na in the w	nderlylne	course alven in	Part I 24- Was	AN AUTOPS	Y 24b. WERE AUTOPSY FINDINGS
5	CARDIAC ARY		ing in the u	nuerrying	rease given in	PERI	ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
5 I		(1 1 2 3				1 YES	2 🗌 NO	OF DEATH?
E E	EMPHYSENA							1 TES 2 NO
ž								
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	. V	OTHE		ACE OF OEATH (Ch	reck only one)		
2	1 TES 2 NO 1 Inpetient 2 El			_		6 Other (Specify)		
D	27. MANNER OF DEATH 26e. DATE OF IN. (Month, Day,		TIME OF		RK?	26d. DEŞCRIBE HO	W INJURY O	CCURED
P.	2 Accident Investigation	I HI I I I I I I I I I I I I I I I I I			ES 2 NO			
ED	3 Sulcide 6 Could not be determined	IJURY — At home, fa (Specify)	rm, street, tec	ctory, office		City or Town, St		er or Rural Route Number,
COMPLET	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my	knowledge death or	eurrad at the	time dete	and place, and due	lo the seuse/s) and		
ž I	(Check only one) 2 MEDICAL EXAMINER: On the beginner exam	^						
3	29b. SIGNATURE AND TITLE OF CERTIFIER	9-//-		1				
H	O DAS	1 as			29c. LICENSE NU	TOO CE	29d. D/	ATE SIGNED (Month) Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	DE DEATH (ITEM AT	(Emp. Bulgat		ンリ	WT		10/2/170
	TO HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ILEM 27)	урв, мппі)			f		
	31 OATE EILEO (Month Pay Year)	SIGNATURE		-				
	31. OATE FILEO (Month, Day, Year) 92, REGISTRAR'S	SIGNATURE CONTRACTOR						

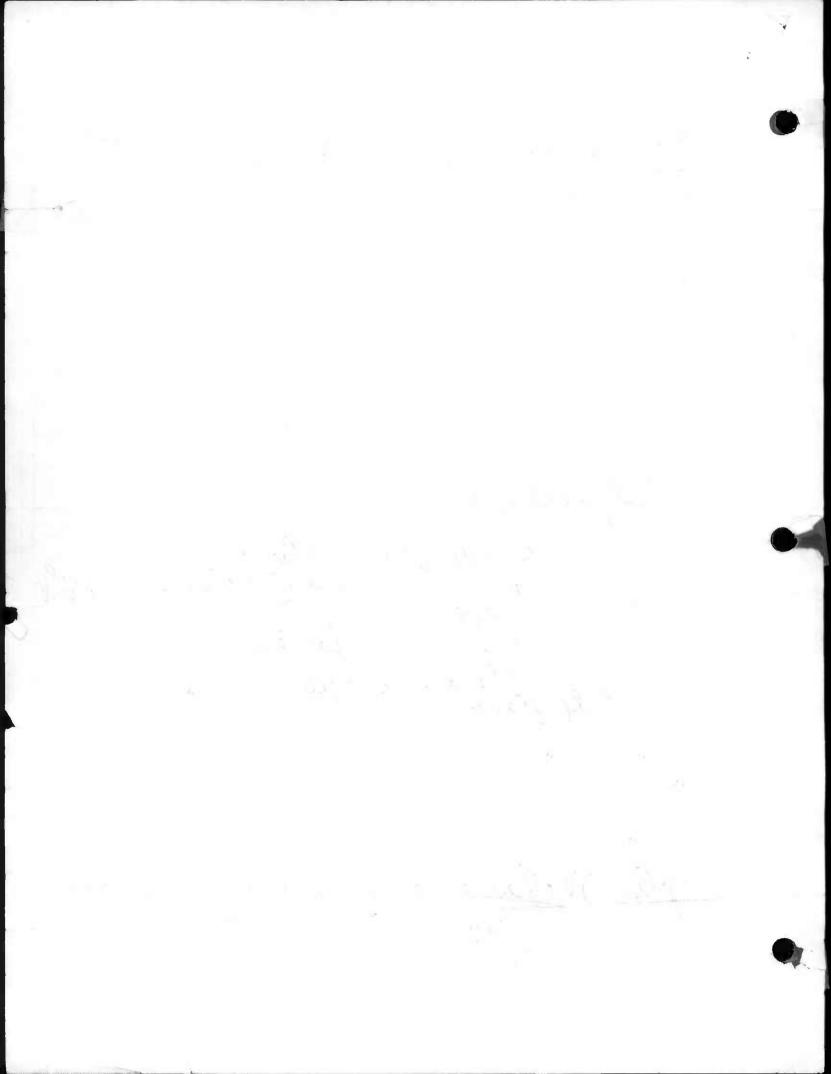


1315.	No. of Street, Square, Section 2
BOX	
P.O.	
- RECORDS, P.O. I	A
RECC	
/ITAL	1
OF VITAL	
DIVISION	

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE STATE REGISTRAR	E OF MARYLAND /		ENT OF HI		ENTAL HYGIENI REG. NO.	E .	
1	1. DECEDENT'S NAME (First, Middle, Last)					2, DATE OF DEATH	Y YEAR	3. TIME OF DEATH
1	OLIN MILLER STEPHEN					10 17	1990	4:45 P M
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. lest		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8, BIRTI	IPLACE (State or Foreign
í	12-18-1759 1 X M 9e. FACILITY NAME (If not institution, give street and no		YRS.			01-01-191	2 Mary	y land
NO.	ACRED HEART HOSPITAL			CUMBERI	AND		ALLE	GANY
집	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY		10c. CITY, TO	OWN OR LOCATI	ON			10d. INSIDE CITY
E	Maryland Allegan	y	Ва	rton				LIMITS?
4	10e. STREET AND NUMBER	y		10f.	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL DIRECTOR	Butcher Run				21521		USA	
5		DECEDENT EVER IN U.S. ARI CES? 1 TYES 2 THE	MED			C ORIGIN? (Specify Yes, Puerlo Ricen, atc.)	or No- 14. RAC Bled	E American Indian, k, White, atc.
BY	1 Never Merried 2 Married FOR	S, GIVE WAR OR DATES			2 No Specify:		Spec	offy:
	15. DECEDENT'S EDUCATION	16a, DE	CEDENT'S USI	JAL OCCUPATIO	N	16b. KIND OF BUS	I BINESS/INDUSTRY	W hite
ETE	(Specify only highest grade completed	(G/ life.	ve kind of work Do NOT use re	done during mos tired.)	t of working			1
PL	12		tvaco)		Pape	r	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAM	NE (First, Middle, Meiden		
BE	Lewis H.	Stephen				Rebeco		ler
2	19a. INFORMANT'S NAME (Type/Print)	190		ner Ru		oute Number, City or Tow . on, Md.	21521	
	Rosaline Stephen	20h BLACE			netery, crematory or		CATION — City or T	iown State
	XX Buriel 2 Cremation 3 Removal from	State other pie	100)	iem. P			berlan	Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Commit
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	2 10	2		D ADDRESS OF FAC	HUTY		
	+ Dayne B	oal In-			Boal-W Wester	arnuck Enport, N	Tuneral Id. 21	Home 562
	23. PART i. Enter the diseesea, or compiles ahock, or heert failure. List only			enter the mo	de of dying, auch	as cardiac or reap	iratory errest,	Approximate interval Between
	IMMEDIATE CAUSE (Finei				1			Onset and Death
- 1	disease or condition resulting in death)	DUE TO (OR AS A CONSEC	des	MIC	SCIE	CK.		
_	_	A C II T	JUENCE OF JE	2000	2. 2. 0	orke	1	pluse
ő	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSE	DUENCE OF):	(100		UCIC	una L	Moulf
2	cause. Enter UNDERLYING CAUSE (Disease or injury	SYPO	5					
F	that initieted events resulting in death) LAST	DUE TO (OR AS A CONSE	DUENCE OF):		0. 00	4		İ
CERTIFICATION	d	CV F		- 0	M. X.	4		
AL	PART ii. Other significant conditions contri	buting to death but not i	recuiting in	the underlying	g ceuse given in	Pert i. 24s. WAS AN PERFO		Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
20	6 17	Blean	id .	e de	900	1 YES :	2) NO	OF DEATH?
ME	(XI) f	Casia				—		1 YES 2 NO
PHYSICIAN: MEDIC	25, WAS CASE REFERRED TO MEDICAL			26 PI	ACE OF DEATH (Che	ack only one)		
SICI	EXAMINER? HOSE	PITAL:		THER:	e 5 🗆 Residence			
H		a. DATE OF INJURY	28b. TIME (OF 28c. INJ	URY AT	28d. DESCRIBE HOW	INJURY OCCURED	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR		YES 2 NO			
	3 Suicide 6 Could not be	e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, atre	et, factory, offic	•	26f. LOCATION (Street City or Town, State		I Route Number,
ETE	4 Homicide determined							
COMPLETED	29e. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To							
SON	2 MEDICAL EXAMINER: On the	basie of examination end/or	Investigation,	In my opinion, o	leath occured at the	time, date and place, e	nd due to the cause	e(e) end manner as stated,
BE (29b. SIGNATURE AND TITLE OF CERTIFIER	/		-0	29c. LICENSE NUI	MBER	29d. DATE SIGNI	ED (Month, Day, Year)
2	30, NAME AND ADDRESS OF PERSON WHO COMP	LETED CAUSE OF DEATH (ITE	M 27) (Type P	rint)	1)-(1)	LO	10	-18-10
			- I (Aleas)					
		REGISTRAR'S SIGNATURE						
	OCT 2 2 1990	hie Davidson-Asr	delle					

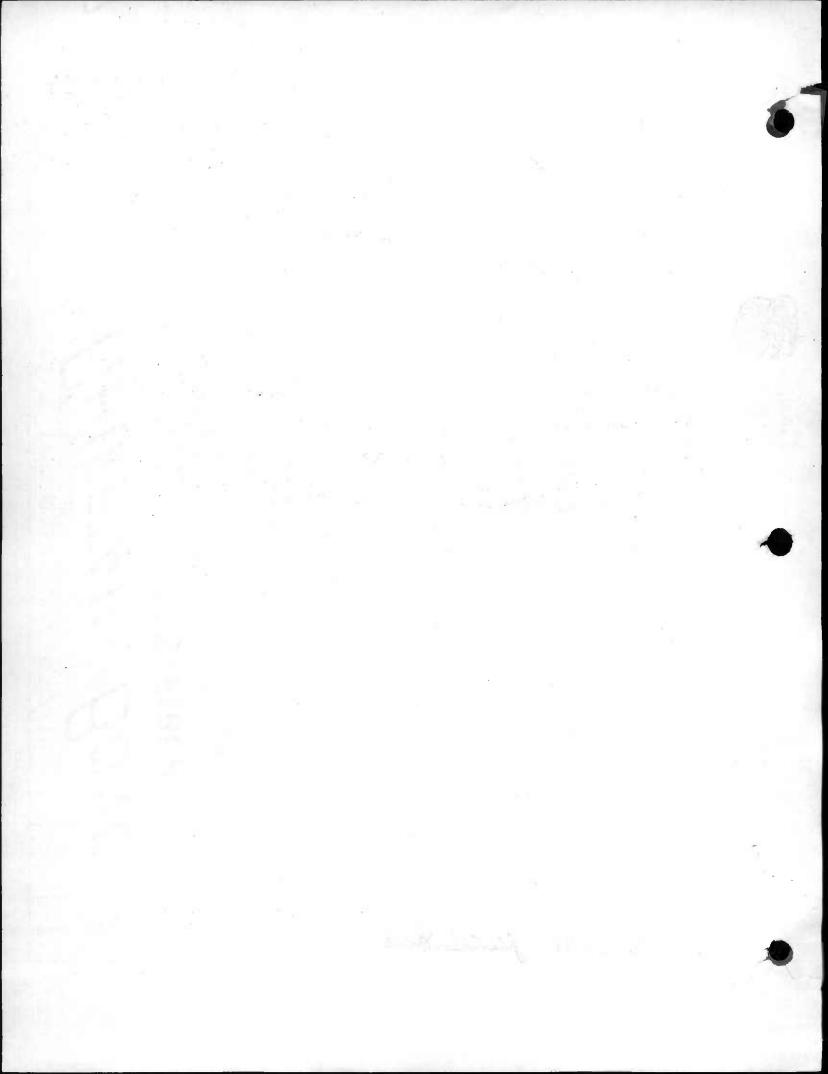


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a completely filled in by the funeral director, page 5 should be detailing to THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detailing to the filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN		MENT OF H			HYGIENE REG. NO.	.90	28994	
	1. OECEOENT'S, NAME (First, Middle, Last)	SELKO	ρω _{(I}	DAVID SE	LKOW)	2. DATE OF MONTH	DEATH DAY	5 4	3. TIME OF DEATH	
	035-01-4901	M 2 □ F 80) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	3/30	910 1910	0	BIRTHPLACE (State or Foreign Country) PENNSYLVANIA	
TOR	9a. FACILITY NAME (If not institution, give stree BALTIMORE COUNTY (RESIDENCE OF DECEDENT				LSTOWN	EATH	9c. COUNTY OF DEATH BALTIMORE			
DIRECTOR	10e. STATE 10b. COUNTY MARYLAND			TOWN OR LOCAT			10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
FUNERAL	100. STREET AND NUMBER 6606 EBERLE DR., A	APT. 302		101	. ZIP CODE 21215		10	G. CITIZEN	OF WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U FORCES? 1 X YES IF YES, GIVE WAR OR DATE WWII - NAV	S	If yes, sp	ENDENT OF HISPAI ecity Cuben, Maxica 2 ZNO Specif	n, Puerto Ric	(Specify Yea or Nan, etc.)		RACE American Indian, Black, White, etc. Specify: WHITE	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	TION 1	Se. DECEDENT'S L	_	ON st of working		IND OF BUSINES	SS/INOUST		
BE COMF	17. FATHER'S NAME (First, Middle, Last) WILLIAM SELKOW		II TATAL	UT/	18. MOTHER'S NA	ME (First, Mic		ame)	TRE DEPT.	
TO B	190. INFORMANT'S NAME (Type/Print) MR . ROBERT SELKOW				nd Number or Rural OR., APT.				⁽ⁿ⁾ 21215	
	20s. METHOD OF DISPOSITION 1 A Buriel 2 Cremetion 3 Remov 4 Donation 8 Other (Specify)	al from State 20b. P	ther place)	STATE E	POST 167		ROSE	DALE	or Town, State , MD	
	21. SIGNATURE OF FUNE ALL SERVICE LICES	Lewis	_		LEVINSORESS OF FA			NC.	,MD 21215	
Z	23. PART I. Erner the diseases, or constant or heart feilure. Li IMMEDIATE AUSE (Fine) disease or condition resulting in death) a.	st only one cause on aac	PATO	RY 1	CALLU		c or respirato	ry arrest,	, Approximate Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.									
PHYSICIAN: MEDICAL	PART II. Other significant conditions A S C V I		not resulting in	n the underlying	g ceuse given in		4a. WAS AN AUT PERFORMED	77	24b. WERE AUTOPSY FINDINGS AMBILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
ICIAN		HOSPITAL:		OTHER:	ACE OF OEATH (C/					
BY PHYS	27. MANNER OF OEATH 1 Netural 5 Pending	28a, DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ	URY AT PRINCE 2 NO		RIBE HOW INJU	RY OCCUR	ED	
	2 Accident Investigation 3 Suicide 6 Could not be determined	28a. PLACE OF INJURY — building, etc. (Specify	At home, farm, s	treet, factory, offic	0 -		I. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	nnel —	AN: To the best of my knowled On the basis of examination s							ause(a) and manner ea stated.	
88	29b. SIGNATURE AND TITKE OF CONTIFIER	in the			29c. LICENSE NU	1)]	33 1	d. DATE SI	GNED (Month, Day, Year)	
2	C-RA	COMPLETED CAUSE OF DEAT	S(GH	Print) RA1	VALC.	STON	ا , الم	40	21133.	
	31. DATE FILED (Month, Day, 1687) 1990	Juna Davids	URE Randel	e						

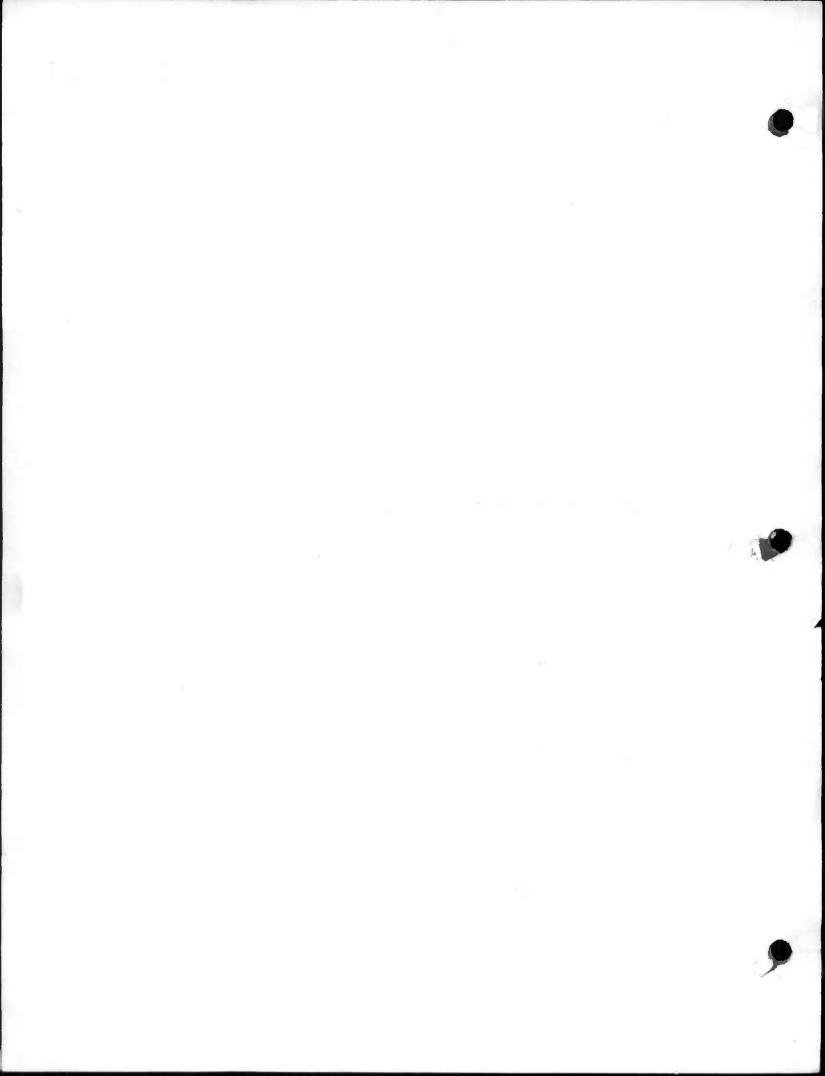


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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complexity fixed in b	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or ren	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medi
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	REGISTRAR			CERTIF	ICALE	<u> </u>	UEA	<u> п</u>	RE	G. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DE	EATH DAY		YEAR	3. TIME OF DEATH	
	Selma		TAYLOR				_		10	16	1	990	8:45P	М
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER	1 YEAR DAYS	HOURS	MIN.	7. DATE OF BIF (Month, Day,	Your)		8. BIRTI Count		n
	226-42-5339	1 🗌 M 2 😾 F		64 YRS.					11-1				Va.	_
~	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY,	, TOWN	OR LOCAT	ION OF DE	EATH			NTY OF D		
FUNERAL DIRECTOR	Doctors Hosp.					Lanham					Pr	ince	George	S
<u> </u>	10a. STATE 10b. COUNTY	10a. STATE 10b. COUNTY 10c. CI											10d. INSIDE CITY LIMITS?	
E	MD. Prin	ce Geoi	ges	Bot	vie								1 TYES 2 NO	- 1
A	10e. STREET AND NUMBER					10	f. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?	
ER	3803 Iron Gate	Rd.				2	071	5			U.:	S.A.		
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.	ARMED	13.	WAS DE	CENDENT	OF HISPAI	NIC ORIGIN? (Spe in, Puerto Rican,	ecify Yea o	r No—	14. RAC	E — American Indian, k, Whita, atc.	\Box
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE	WAR OR DATES	MINO			2 X NO			arc.)			w. White	
	K	471041												
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)		(Give kind of a life. Do NOT us	work done (during m	ost of work	-	1 2 2 2 2 2 2 2 2	OF BUSI	NESS/INI	DUSTRY		
٦	Elementary/Secondary (0-12)	College (1-4 or 5	+)		S	cho	ol	teac	cher :	P.G.	. C	ount	tу	
MC	17, FATHER'S NAME (First, Middle, Last)						18. MO1	HER'S NA	ME (First, Middle.	Maiden S	umame)			
ŏ	John W. Massie	Sr.					S	elma	Lee	Cull	Lom			
96	19a. INFORMANT'S NAME (Type/Print)	·····		19b. MAILING	ADDRESS	S (Street	and Numbe	or or Rural	Route Number, Cit	ty or Town,	State, Zij	p Code)		
2	John W. Massie	Jr.		Rt.	3 B	OX	70,	Cro	cet,	Va.	229	932		- 1
	20s. METHOD OF DISPOSITION		20b. PL/	CE OF DISPO	SITION (Na	ime of ce	metery, cre	matory or		20c. LOC	ATION —	City or To	own, State	\neg
	1 Duriel 2 Cremetion 3 Rame 4 Donation 5 Qther (Specify)	oval from Stata	othe	or place)										
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22.	NAME A	ND ADDR	ESS OF FA	CILITY				-	
	Emm/1	Mac	21	0.19	90 5	Stat	te A	nat	omy Br	d.	Ва	lto	. Md.	
	23. PART/I. Enter the diseeses, or o	complications the	at coused the	deeth. Do	not enter	the m	ode of dy	/Ing, suc	h ee cerdiec o	or reepin	atory ar	reet,	Approximate	
	ahock, or heert fellure.	1	2 90 111 100 100 100		,		1	-1					Onset and D	
	disease or condition	Card	LOYES	nire										
1	resulting in death)	Card	(OR AS A CO	SEQUENCE O	OF:					1	\neg			
z		meta	astatic Carcinoma of the											
CERTIFICATION	Sequentielly list conditione, if eny, leading to immediate	DUE TO	(OR AS A CON	SEQUENCE O	F):						T			
CA	ceuse. Enter UNDERLYING CAUSE (Disease or injury	c	JVW	74										
TIE	that initiated events	OUE TO	OR AS A CON	VSEQUENCE O	F):									
ER	resolding in dealthy EAST	d												
LC	PART II. Other significent condition	s contributing to	death but n	ot resulting	In the u	nderlylr	ng Ceuse	given in		WAS AN		24	b. WERE AUTOPSY FIND	
EDICAL	Cepsi	10								PERFORI			AVAILABLE PRIOR TO COMPLETION OF CAU	
ED									''	1123 2	Solo		OF DEATH?	
Σ.									_				1 165 2 10	
AN	25. WAS CASE REFERRED TO MEDICAL					26. F	PLACE OF	DEATH (C	heck only one)					\dashv
PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatier	nt 3 🗆 DOA	OTHE		me 5 🗆 F	Residence	8 Other (Spe	nc/fv)				
H	27. MANNER OF DEATH	28e. DATE O	F INJURY	26b. TII	AE OF	28c. IN	JURY AT		28d. DESCRIB		JURY O	CCURED		\neg
ВУ Р	1 Naturel 5 Pending	(Month,	Day, Year)	IN IN	JURY M		ORK? YES 2	□ NO						
	2 Accident investigation 3 Suicide 8 Could not be	28a. PLACE	OF INJURY — A	It home, farm,	atreat, fac	tory, offi	lea		281. LOCATION City or Tox	V (Street B)	nd Numbe	er or Rural	Route Number,	\neg
E	4 Homicide detarmined	Donaing	ate. (openly)						City or ion	vii, 31010)				
Z.	29a, CERTIFIER (Check only	CIAN: To the best of	t my knowledge	e, death occur	red at the	time, dat	ta and plac	a, and du	a to the cause(s)	and men	ner en st	ated.		
COMPLETED	one) 2 MEDICAL EXAMINE												(a) and manner as state	ed.
	29b. SIGNATURE AND TITLE OF CENTIFIE	R /				_	29c. LI	CENSE NU	MBER		29d. DA	TE SIGNE	D (Month, Qay, Year)	
BE	R. Dakhi	0 (/ h	01				D	26	-			01	17190	
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CA	JSE OF DEATH	(ITEM 27) (Typ	e, Print)		1						. / / /	
	Kind Dakhoo	in.D.				A+	ōX.	RA	wie,	M	1) 0	20-	715	
	31. DATE FILED (Month, Day, Year)		AR'S SIGNATUI	RE	1		JU ()	00		4 6	<i>\</i>)		
/ 11	OCT2 2 1990	delia.	Javidson-	Bando 00										



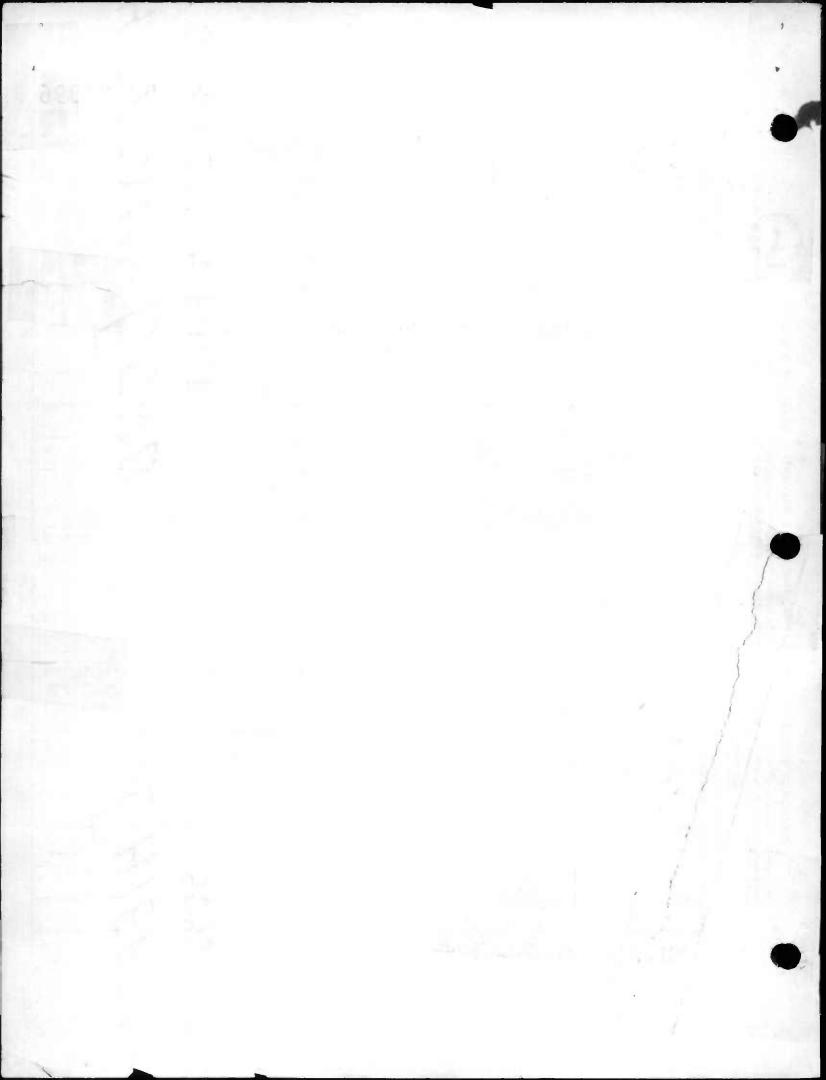
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hosp	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: It item 28 is marked, or Item 23 shows any injury; or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE
Tandage

STATE REGISTRAR			CERTIF	ICAIL	01	DEA			REG. NO.			
DECEDENT'S NAME (First, Middle, Lest)			m.	1xxxxx				MONT	OF DEATH		EAR	3. TIME OF DEATH
Ernest SOCIAL SECURITY NUMBER	5. SEX	A AOF (1-1-		ırner	No. of the			10	OF BIRTH			6:33 A. PLACE (State or Foreign
260-46-3904	1) M 2 F	6. AGE (In yrs.	YRS.	IF UNDER 1	DAYS	IF UNDER	MIN.	(Mont)	1, Day, Voar)	22	Country	
. FACILITY NAME (If not institution, give a		37		ah CITY 7	TOWAL C	IR LOCATI	ON OF DE		-12-13.	9c. COUNTY	V OF DE	
				Stat Critt, 1	96. COUNTY OF DEATH Baltimore							
Sinai Hospi	Lai				Da	TULL	ore				-	
a. STATE 10b. COUNT	Υ		10c. C/1	TY, TOWN OR	LOCAT	TON						10d. INSIDE CITY LIMITS?
Md			Ba	altimo	ore							1 X YES 2 NO
e. STREET AND NUMBER					100	ZIP COD	E			10g. CITIZE	N OF W	HAT COUNTRY?
4407 Pall Mal	1 Road					2121	5			U	S	A
MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S.	ARMED	13. W	AS DEC	ENDENT C	OF HISPAN	IIC ORIGIN	17 (Specify Yes	or No.— 14	I. RACE	- American Indian,
☐ Never Married 2 ☐ Married	FORCES? 1	YES 2	NO	If :	yes, sp		ın, Mexica	n, Puerto	Rican, etc.)		Black, Specif	y: Black
☐ Widowed 4 🏻 Divorced	ir res, cave v	MIN ON DATES		_ ''	☐ FE-9	2 (Alle	арвину	•			apoun	DIACK
16. DECEDENT'S EDU		18e.	DECEDENT	USUAL OCC	CUPATIO	ON .	***	16b	. KIND OF BU	SINESS/INDUS	STRY	1000
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	•)	(Give land of the. Do NOT u	work done du se retired.)	uring mo	st of world	ng					
	32,00											
FATHER'S NAME (First, Middle, Lest)						16. MOT	HER'S NA	ME (First,	Middle, Malden	Surname)		
						E	Bessi	е Ни	unt			
a. INFORMANT'S NAME (Type/Print)			19b. MAILIN	G ADDRESS	(Street a	nd Numbe	gr Rural d	oute Num	ber, City or Tow	n, State, Zip C	ode)	
Catherine Littl	۵		930	Brook	ks I	ane	APT E	time	ore, M	1 2121	7	
		20b, PLA	CE OF DISPO					CTIN		CATION - CH		wn. State
A, METHOD OF DISPOSITION Burial 2 Cremation 3 Rem Donation 5 Other (Specify)	noval from State	othe	r plece)									
			K ·	ina Me	OMO	וגוי	Park		I K	annall	STO	
. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		K.	ing Me		T A I			I R	and all	Sto	wn, Mu
	CENSEE		K.	22. N	NAME A	ND ADDRE	SS DF FA	CILITY	R	<u>anda i i</u>	Sto	wn, Mu
SIGNATURE OF FUNERAL SERVICE LI	EQ		death. Do	22. N	Mar 430	ch F	ss of FA /H W Waba	ситу est sh A	venye			Approximate
SIGNATURE OF FUNERAL SERVICE LI	complications the		death. Do	not enter t	Mar 430	nd addre Ch F O de of dy	SS OF FA /H W Waba ing, suc	ситу est sh A	venye			Approximat
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3. PART I. Enter the diseases, or ahock, or heart failure. MMEDIATE CAUSE (Final lisease or condition esuiting in death) Sequentially list conditions, any, leading to immediate cuse. Enter UNDERLYING CAUSE (Disease or Injury hat initiated eventa esuiting in death) LAST PART II. Other significant conditions. S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1) CYCES 2 NO 7. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicide 6 Could not be detarmined. 2 Accident 3 Suicide 6 Could not be detarmined.	complications the List only one case. S. DUE TO b. DUE TO c. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. 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ECTION INJURY OCCUPAND AND NUMBER OF MAIL Inner as stated and due to the 29d. DATE	24b. 24b. Red . Cause(e	Approximate interval Bet Onset and I Onset and I Onset and I Onset and I Onset and I Onset and I Onset and I Onset and I Onset and I Onset and I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset I Onset

DHMH-16 Rev 1/89



est by the attending physician and completely filter in by the funeral director, page 5 should be detacted for use as the burial-transit permit. Pages 1, 2, 3 should in and Mental Hygiene prior to burial, cremation, or removal. rs after death. Page 6 may be retained by the hospital or attending physician. any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

at the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAL TO THE FUNERAL DIRECTOR: After this certifule fried within 72 hours after death with the imMPORTANT: If item 28 is marked, or

2

4	75 27 6288								
	FOR STATE OF MARYLAN REGISTRAR	D / DEPARTM CERTIFICA			ENTAL HYGIE REG. N		0 2	8997	
	1. DECEDENT'S NAME (First, Middle, Last)	3			2. DATE OF DEATH	DAY Y	FAR	TIME OF DEATH	
	Olivia D. Thompson				10 1	90		7:12 P.M.	
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yr	SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24							
	218-27-8588 1 M 2 T 8 mc	nths	HOURS MIN.	(Month, Day, Year)	В	alti	more.Md		
	9e. FACILITY NAME (If not institution, give street and number)		CITY, TOWN O	R LOCATION OF DEAT	гн	9c. COUNTY			
E	Union Memorial Hospital	1 7	Raltin	ore Md		Balt	imor	e City	
RECTOR	RESIDENCE OF DECEDENT		WN OR LOCAT						
	10e. STATE 10b. COUNTY	10e. CITY, 10	WN OR LOCAL	ION				LIMITS?	
Pa	vland Ba	llimore				1.00	21	YES 2 NO	
\$				ZIP CODE		2.00	N OF WHAT	COUNTRY?	
FUNERAL	1560 Sherwood Avenue			21239		US			
2	11. MARITAL STATUS 1 X Never Merried 2 Merried FORCES? 1 YES 2	. ⊠NO	If yes, spe	ENDENT OF HISPANIC icity Cuben, Mexican,		ree or No 14	Black, WI	American Indian, alte, etc.	
B	3 ☐ Widowed 4 ☐ Divorced IF YES, GIVE WAR OR DATE:	S	1 TYES	2 NO Specify:			Specify: Blac	k	
		a. DECEDENT'S USU			18b. KIND OF I	USINESS/INDUS		. 10	
	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of work life. Do NOT use ret	done during mos ired.)	st of working					
COMPLET	None None	None			No	ne			
<u> </u>	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME	E (First, Middle, Malo	en Surname)			
	William Thompson			Maria	Thompso	n (Sto	ckto	n)	
BE	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING ADD	ORESS (Street e	nd Number or Rural Ro				11 /	
일	Parents-William@Maria	1560	Sherw	ood Ave	nue.Ba	ltimor	e.Md	21239	
	206-METHOD OF DISPOSITION THOMDSON 206. PL	ACE OF DISPOSITIO				LOCATION CI			
	1 ☑ Buriel 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)	adow Ri	dge C	emetery	Ва	altimo	re.C	ountv	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AN	ID ADDRESS OF FACI	LITY				
	14.0 + (1000 0 A	,	814	Upshur	St. N.V	V. Was	hing	ton,D.C.	
-	23. PART ILEnter the diseases, or complications that caused the	e death Do not						tors, Inc	
	shock, or heert feliure. List only one cause an each	line.	onion the mo	de or dying, score	de ceruiec or re	spiratory arres	14,1	Interval Between	
	IMMEDIATE CAUSE (Final disease or condition			- 4 -			. ,	Onset and Death	
H	disease or condition a. RESPIRATORY DUE TO (OR AS A CO	MESONENCE DEL	= DUE	10 AIRW	AY UBS	TRUCT	0N_	COMINAES	
_									
CATION	Sequentially list conditions, if eny, leeding to immediate	DISEQUENCE OF):	11/26	1/401-1-1	<u> </u>				
ξl	cause. Enter UNDERLYING								
Ĕ	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CO	ONSEQUENCE OF):							
	resulting in death) LAST								
5	PART II. Other significant conditions contributing to death but	not resulting in ti	ha undarbini	n cause alvan in P	art i 24a WMC	AN AUTOPSY	Zah WE	RE AUTOPSY FINDINGS	
중	TRACHEOSTOMY	not resulting at the	ne uncerrying	g cause given in r		ORMED?	AW	MILABLE PRIOR TO MPLETION OF CAUSE	
MEDICAL	INACHEONOMY				1 TYES	2 NO	OF	DEATH?	
					-		1 [YES 2 KNO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		Out Di	ACE OF DEATH (Chec	th anti-anni				
ᅙ	EXAMINER? HOSPITAL:		THER:						
Ş	1 ☐ YES 2 5 NO 1 ☐ Inpetient 2 5 ER/Outpetle 27. MANNER OF DEATH 28a. DATE OF INJURY	286. TIME O	7	ury at	28d. DESCRIBE HD	W INJURY OCCU	RED		
	1 № Netural 5 Pending (Month, Day, Year)	INJURY	WC	YES 2 ND		elikeasy			
B	2 Accident Investigation 3 Suicide 8 Could not be 28e. PLACE OF INJURY	At home, farm, stree			281. LOCATION (Str	et end Number o	r Rural Routi	e Number,	
	Succee 8 Could not be building, etc. (Specify) Homicide determined				City or Town, St			- 1112-0	
W	29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowled	an death carrier	e eba elessi di t	and place and do a	a the same state and				
COMPLETED	(Check only one) 1 CERTIFYING PHYSICIAN: To the beet of my knowledge one) 2 MEDICAL EXAMINER: On the beets of examination as							d manner as stated.	
္ပ			,						
B	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUME		29d. DATE	SIGNED (M	onth, Day, Year)	
၉	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	(ITEM 27) (Keen Ook	nt)	D 3367	<u> </u>	1-10	137	U	
		* / 1 - / Jones / I in	*						

ROBERT A. Wood
31. DATE FILED (Month, Day, Year)

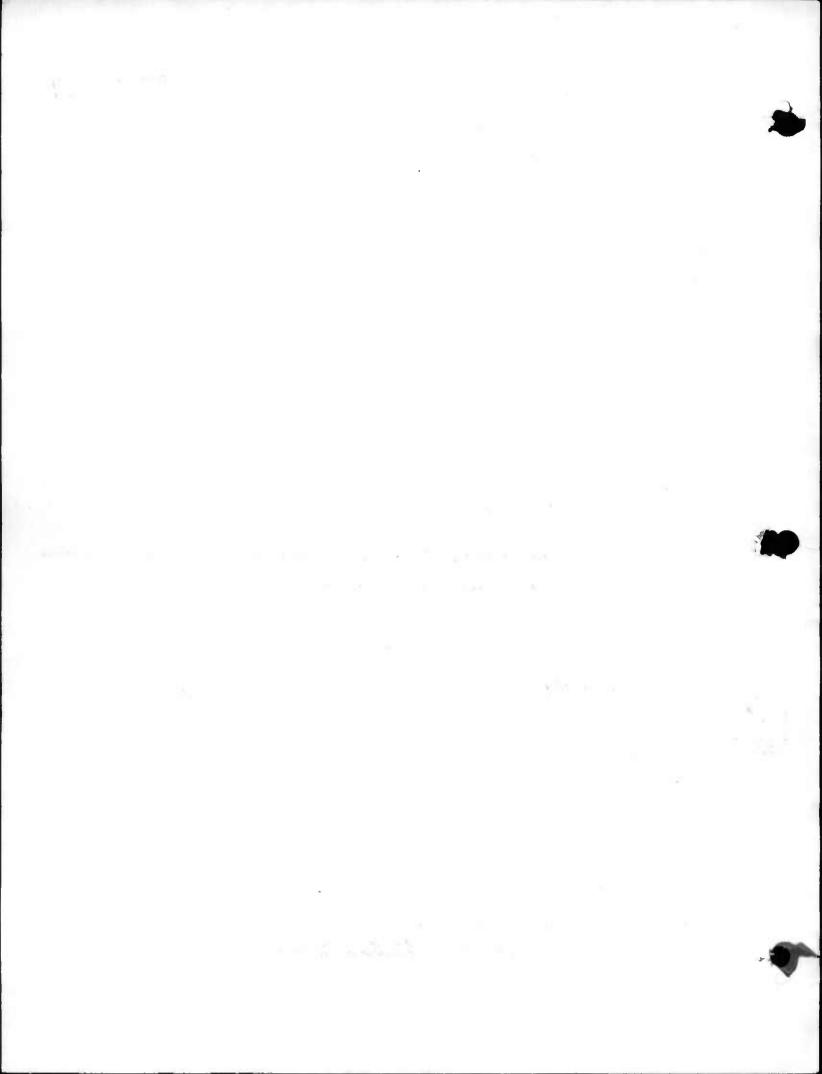
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OCT 2 2 1990

Julia Savidson Randall





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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MARYLAND		TOF HEALTH AND	MENTAL HYGIEN REG. NO	E 90	28998
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	AV VEAR	3. TIME OF DEATH
	MARIAN WATSON				OCTOBER 1	8, 1990	9:16 P. M
		SEX 6. AGE (In yrs.	last birthday) IF UNE	ER 1 YEAR # UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	THPLACE (State or Foreign
	220 – 22 – 1093 10	end number)	YRS.	TY, TOWN OR LOCATION OF	(Month, Day, Year) 4 - 26 - 2	26 Sec COUNTY OF	D.C.
OR	MARYLAND GENER			BALTIMORE,			
띮	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c. CITY, TOW	OR LOCATION			10d. INSIDE CITY
DIRECTOR	MARYLAND		BAI	LTIMORE, MARY	YLAND		LIMITS?
FUNERAL	100. STREET AND NUMBER 2018 NORTHBOUR	RNE RD.		101. ZIP CODE 2123	9	10g. CITIZEN OF	USA
BY FUN	11. MARITAL STATUS 1	. WAS DECEDENT EYER IN U.S. / FORCES? 1 \(\subseteq \text{YES} \) 2 \(\subseteq \text{IF YES, GIYE WAR OR DATES} \)		3. WAS DECENDENT OF HISP. If yes, specify Cuben, Mexic 1 YES 2 NO Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific	en, Puerto Rican, etc.)	Ble	CE — American Indien, lock, White, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade community (Specify only highest grade community (0-12)	oliege (1-4 or 5+)	DECEDENT'S USUAL (Give kind of work doi life. Do NOT use retired HOUSEW	es during most of working (.)	16b. KIND OF BU	SINESS/INDUSTRY	
N N	17. FATHER'S NAME (First, Middle, Last)	2yrs.			IAME (First, Middle, Malden	Sumamal	
BE CC	JAMES L. JACKSO	N		DELI			
TO B	19a. INFORMANT'S NAME (Type/Print) FRED M. WATS	SON		SS (Street and Number or Plure ORTHBOURNE			MD. 21239
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal	from State 20b. PLAC	n(ece)	Name of cemetery, crematory of		OCATION — City or	110 C 125 C 1
	4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENS			LLEY CEMET		MONIUM	, MD.
		thank		M.C. MARCH)1 E. N	ORTH AVE.
	23. PART I. Enter the diseases, or com shock, or heart fallure. List	pilcations that caused tha	daath. Do not en	er the mode of dying, su	ich aa cardiac or resp	Iratory arreat,	Approximata
	IMMEDIATE CAUSE (Final	only one cause on aach ii	116.				Interval Between Onaat and Death
J	diamase or condition reaulting in death)	OVERWHELMING					
	_	NECROTIZING		C			
5	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONS		5			
CERTIFICATION	cause, Entar UNDERLYING CAUSE (Disease or injury that initiated events	POPLITEAL TO		BYPASS OF LE	FT LEG		
H	reaulting in daath) LAST						
MEDICAL (PART II. Other algorificant conditions of CHRONIC RENAL FA POST LARYNGECTOMY	AILURE, LARYNO	EAL CARC	INOMA, STATU	S PERFO	RMED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Z							1 TES 2 NO
PHYSICIAN:		OSPITAL:	ОТН	ER:	Check only one)		
¥	1 YES 2 NO 15	Inpatient 2 - ER/Outpatient 28e, DATE OF INJURY	28b. TIME OF	lursing Home 5 Residence	e 8 ☐ Other (Specify) 28d, DESCRIBE HOW	IN HIEV OCCUPED	
	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WORK?	200. DESCRIBE HOW	INJUNT OCCURED	
red BY	2 Accident investigation 3 Suicide a Could not be determined	28e. PLACE OF INJURY — At building, atc. (Specify)	home, farm, street,	actory, office	261. LOCATION (Street City or Town, State		ni Route Number,
COMPLET	anal	N: To the best of my knowledge,					e(a) and manner ee stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	nistrall	khale.	29c. LICENSE N	UMBER 76435 AW,	29d. DATE SIGN	ED (Month, Day, Year)
F	30. NAME AND ADDRESS OF PERSON WHO CO			GENERAL HOS	PITAL		
	31. DATE FILED (Month, Day, Year) 1990	32. RESISTRAR'S SIGNATURI		1			

TO BE COMPLETED BY FUNERAL DIRECTOR

lied in by the funeral director, page 5 should be detached for use as the burial-transit permit, ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

- STATE REGISTRAR		CERTIFICA	ATE OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE O	OF DEATH	Y _ Y		E OF DEATH
	E E WEBB				10) [· 20 pm
4. SOCIAL SECURITY NUMBER 5. SEX 1 □ M	8. AGE (In yrs.	YRS. MON	THS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE ((Month,	Day, Year)	an	Country) Delaw	(State or Foreign
9a. FACILITY NAME (If not institution, give street and n	umber)	9b.	CITY, TOWN O	OR LOCATION OF D	EATH	20		OF DEATH	are
LOCH RAVEN MERIDIA	N_NURSING	нм	TOWSO	N MD.			BAI	TIMO	RE
10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCAT	ION					NSIDE CITY
MD. Baltime	ore	Ba.	ltimo						YES 2 X NO
IGO. STREET AND NUMBER			101	. ZIP CODE			10g. CITIZE	N OF WHAT C	OUNTRY?
8720 Emge Road				21234				S.A.	
St Never Married 2 Married FOR	DECEDENT EVER IN U.S. CES? 1 YES 2 SES, GIVE WAR OR DATES		If yes, sp	ecify Cuban, Maxica 2 NO Specific	en, Puerto R		or No—	I. RACE — Am Black, White Specify:	erican Indian, n, atc. hite
15. DECEDENT'S EDUCATION	18a.	DECEDENT'S USU	AL OCCUPATION	ON	18b.	KIND OF BUS	I SINESS/INDUS		III CE
(Specify only highest grade completed Elementary/Secondery (0-12) College)	(Give kind of work of the Do NOT use retained)	done during mo	st of working					
	()	Hairdr	esser			Cosm	otolo	gy	
17. FATHER'S NAME (First, Middle, Last)	•			18. MOTHER'S NA	AME (First, M				
John	Webb)		Cora			Sho	ort	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street a	and Number or Rural	Route Numb	er, City or Tow	n, State, Zip Co	ode)	
John H. Webb		6748	Glenk	irk Rd.	, Ba	lto.	Md.	2123	39
20a. METHOD OF DISPOSITION 1 ☐ Burlal 2 □XCremation 3 ☐ Ramoval from	State 20b. PLA	CE OF DISPOSITIO	N (Nama of cei	metery, crematory or		20c. LO	CATION — Cit	y or Town, St	rta
4 ☐ Donatton 5 ☐ Other (Specify)		ENMOUN		MATORY		BA	LTTMC	RE.	AD.
23. PART I. Enter the disesses, or complice shock, or heart fellure. Liet only		desth. Do not s	2134		SPR	ING R	D. DU	INDALI	Approximate Interval Between
IMMEDIATE CAUSE (Final disease or condition resulting in death)	ardia	2 00	2016	Thon	ria	-3.			Onset end Death
Sequentially list conditions, if any, isading to immediats cause, Enter UNDERLYING	DUE TO (OR AS A CON	SEQUENCE OF): SEQUENCE OF):	رس	lar	ac	cid	enl	2-	
CAUSE (Disesse or Injury that initietsd events resulting in death) LAST	DUE TO (OR AS A CON	SEQUENCE OF):							
PART II. Other significant conditione contri	buting to death but no	ot resulting in th	ne underlyin	g ceuse given in	Part I.	24a. WAS AN PERFOR 1 YES 2	RMED?	AVAIL. COMP OF DE	AUTOPSY FINDINGS ABLE PRIOR TO LETION OF CAUSE LATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	ITAL: stient 2 - ER/Outpatient		HER:	LACE OF DEATH (C					
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	Month, Day, Year)	26b. TIME OF	W	JURY AT DRK? YES 2 NO	26d. DES	CRIBE HOW I	NJURY OCCU	RED	
2 Decident	building, atc. (Specify)	t home, farm, stree	t, factory, offic	a .	26f. LOC.	ATION (Street or Town, State)	and Number or	Rural Route N	umber,
29a. CERTIFIER	the heat of my knowledge	double assumed at		1000-000	-				
(Check only one) 1 CERTIFYING PHYSICIAN: To CERTIFYING PHYSICIAN: To CERTIFYING PHYSICIAN: To CERTIFYING PHYSICIAN: To CERTIFYING PHYSICIAN: To CERTIFYING PHYSICIAN: To CERTIFYING PHYSICIAN: To CERTIFYING PHYSICIAN: To CERTIFYING PHYSICIAN: To CERTIFYING PHYSICIAN: To CERTIFYING PHYSICIAN: To CERTIFYING PHYSICIAN: To CERTIFYING PHYSICIAN: To CERTIFYING PHYSICIAN: To CERTIFYING PHYSICIAN: To CERTIFYING PHYSICIAN: To CERTIFYING PHYSICIAN: To CERTIFYING PHYSICIAN: To CERTIFYING PHYSICIAN: To CERTIFYING PHYSICIAN: To CERTIFYING PHYSICIAN: To CERTIFYING PHYSICIAN: To CERTIFYING PHYSICIAN: To CERTIFYING PHYSICIAN: To CERTIFYING PHYSICIAN: To CERTIFYING PHYSICIAN: To CERTIFYING PHYSICIAN: To CERTIFYING PHYSICIAN: To CERTIFYING PHYSICIAN: To CERTIFYING PHYSICIAN: To CERTIFYING PHYSICIAN: To CERTIFYING PHYSICIAN: To CERTIFYING PHYSICIAN: To CERTIFYING PHYSICIAN: To CERTIFYING PHYSICIAN: To CERTIFYING PHYSICIAN: To CERTIFYING PHYSICIAN: To CERTIFYING PHYSICIAN: To CERTIFYING PHYSICIAN: To CERTIFYING PHYSICIAN: To CERTIFYING PHYSICIAN: To CERTIFYING PHYSICIAN: TO CERTIFYING PHYSICIAN: TO CERTIFYING PHYSICIAN: TO CERTIFYING PHYSICIAN: TO CERTIFYING PHYSICIAN: TO CERTIFYING PHYSICIAN: TO CERTIFYING PHYSICIAN: TO CERTIFYING PHYSICIAN: TO CERTIFYING PHYSICIAN: TO CERTIFYING PHYSICIAN: TO CERTIFYING PHYSICIAN: TO CERTIFYING PHYSICIAN: TO CERTIFYING PHYSICIAN: TO CERTIFYING PHYSICIAN: TO CERTIFYING PHYSICIAN: TO CERTIFYING PHYSICIAN: TO CERTIFYING PHYSICIAN: TO CERTIFYING PHYSICIAN: TO CERTIFYING PHYSICIAN: TO CERTIFYING PHYSICIAN: TO CERTIFYING PHYSICIAN: TO CERTIFYING PHYSICIAN: TO CERTIFYING PHYSICIAN: TO CERTIFYING PHYSICIAN: TO CERTIFYING PHYSICIAN: TO CERTIFYING PHYSICIAN: TO CERTIFYING PHYSICIAN: TO CERTIFYING PHYSICIAN: TO CERTIFYING PHYSICIAN: TO CERTIFYING PHYSICIAN: TO CERTIFYING PHYSICIAN: TO CERTIFYING PHYSICIAN: TO CERTIFYING PHYSICIAN: TO CERTIFYING PHYSICIAN: TO CERTIFYING PHYSICIAN: TO CERTIFYING PHYSICIAN: TO CERTIFYING PHYSICIAN: TO CERTIFYING PHYSICIAN: TO CERTIFYING PHYSICIAN: TO CERTIFYING PHYSICIAN: TO C									nanner as stated.

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IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within performance of the death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - REGISTRAR CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last)	AJAMS				2. DATE OF DEATH MONTH DAY 10 - 00 - 90 M		
COMPLETED BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 217-26-5734	5. SEX 6. AGE (N		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Cou	THPLACE (State or Foreign nitry)
	98. FACILITY NAME (If not institution, give str	eet and number).	9		OR LOCATION OF DE		9c. COUNTY OF	DEATH
	RESIDENCE OF DECEDENT 108. STATE 10b. COUNTY	OSPITO	10c CITY	TOWN-OR LOCAT				10d. INSIDE CITY
		LTIMORE		Bay		1=1		LIMITS?
	100. STREET AND NUMBER 45 UISta N.	pobile D	rive	10	JIJJ.	2	10g. CITIZEN OF	WHAT COUNTRY?
	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 40	If yes, sp	ENDENT OF HISPAN ecity Cubert, Mexicar 2 NO Specify		100	CE — American Indian, ack, White, etc.
	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) Coffege (1-4 or 5+)		rk done during mo retired.) •	est of working	16b. KIND OF BUS	INESS/INDUSTRY	W F41 . L
	17. FATHER'S NAME (First, Middle, Last)		HOU	sewii		ME (First, Middle, Maiden	Sumama)	
BE CC	JOSEPH E. THOMAS MARGUCRITE LAGNEAUX						NEAUX	
TO B	19a. INFORMANT'S NAME (Type/Print) VERNON J. ADAMS 19b. MAILING ADDRESS (Street and Number of Plural Poute Number, City or Town, State, Zip Code) 45 VISTA BUBILE DRIVE							
	20a. METHOD OF DISPOSITION 1 Paurial 2 Cremation 3 Remo		other place)	Non (Name of co	metery, crematory or PARK	CeM , B	ALTO.	Town, State C 174
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY							
	· Colt Cornelly Connelly Funer AlHome of Dands							
		complications that caused List only one cause on e	the death. Do no	ot enter the mo	ode of dying such	h as cerdiac or respi	ratory erreat,	Approximate Interval Between Onset end Death
L CERTIFICATION	disease or condition resulting in death) . Magneyoue You Cardia Output							
	Techerain heart dieeare open heart surgery							
	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING							
	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):						
	PART il. Other significant condition			the underlying	ig cause given in	Part I. 24a. WAS AN		24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
DICA	Jaloeter / Clicters 1 → YES 2 → NO OF DEATH?						COMPLETION OF CAUSE OF DEATH?	
. ME	- Huthus	tu				-		1 - YES 2 NO
Y PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? / HOSPITAL: OTMER:							
	1 TYES 2 NO							
	27, MANNER OF DEATH 1 Netural 5 Pending Investigation	(Month, Day, Year)	28b. TIME INJU	IRY W	JURY AT ORK? YES 2 NO	28d. DEŞCRIBE HOW I	NJUHY OCCURE	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spe-				261. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
COMPLETED	29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.							
H	296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) 10/20/90							
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) CARTH R MCONACD - SAINT JOSEPH HORPITAE							
	31. DATE FILED (Month, Day, Year) 12. REGISTRAR'S SIGNATURE 12. REGISTRAR'S SIGNATURE 13. DATE FILED (Month, Day, Year) 14. DATE FILED (Month, Day, Year)							

